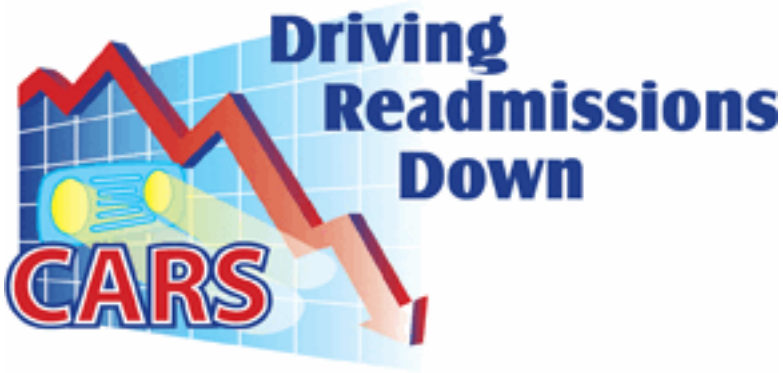


Transitions of Care
The Role of Community Pharmacies

Carpooling with Pharmacy
October 10, 2013

Lord Sarino, PharmD
Ralphs Pharmacy
Clinical Care Coordinator

Who is Ralphs Pharmacy?

- Ralphs Grocery Company is a 140 year old business based in Los Angeles, CA
- Pharmacy was incorporated into the grocery store ~14 years ago
- Part of the national Kroger Company
- 88 pharmacies from Santa Barbara to the Mexican border

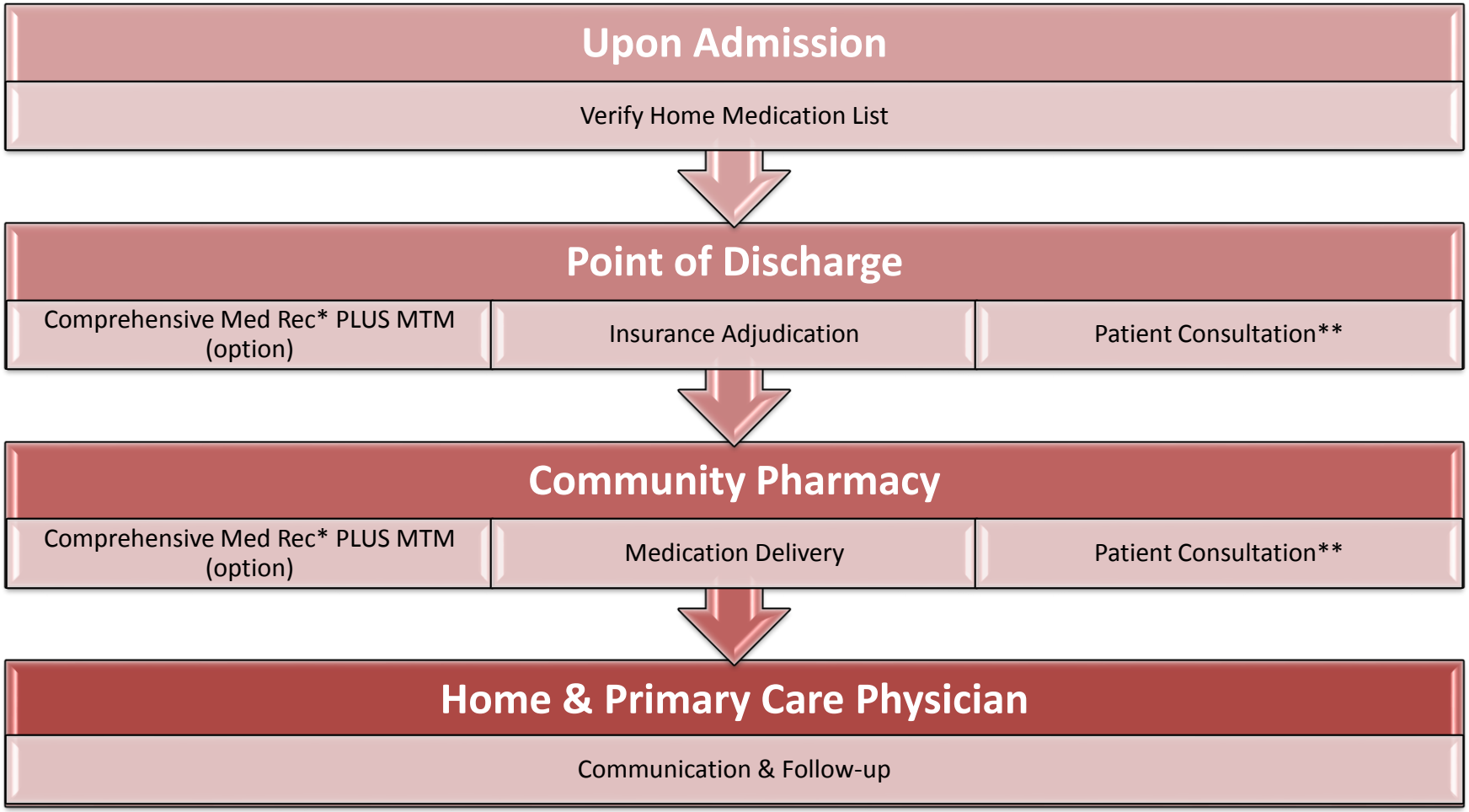
What can Community Rx do?

- Community Pharmacies are untapped resources to aid in reducing readmissions
- Pharmacists are amply educated to serve on the care team in transitions of care
- MTM and disease management are examples

What can Community Rx do?

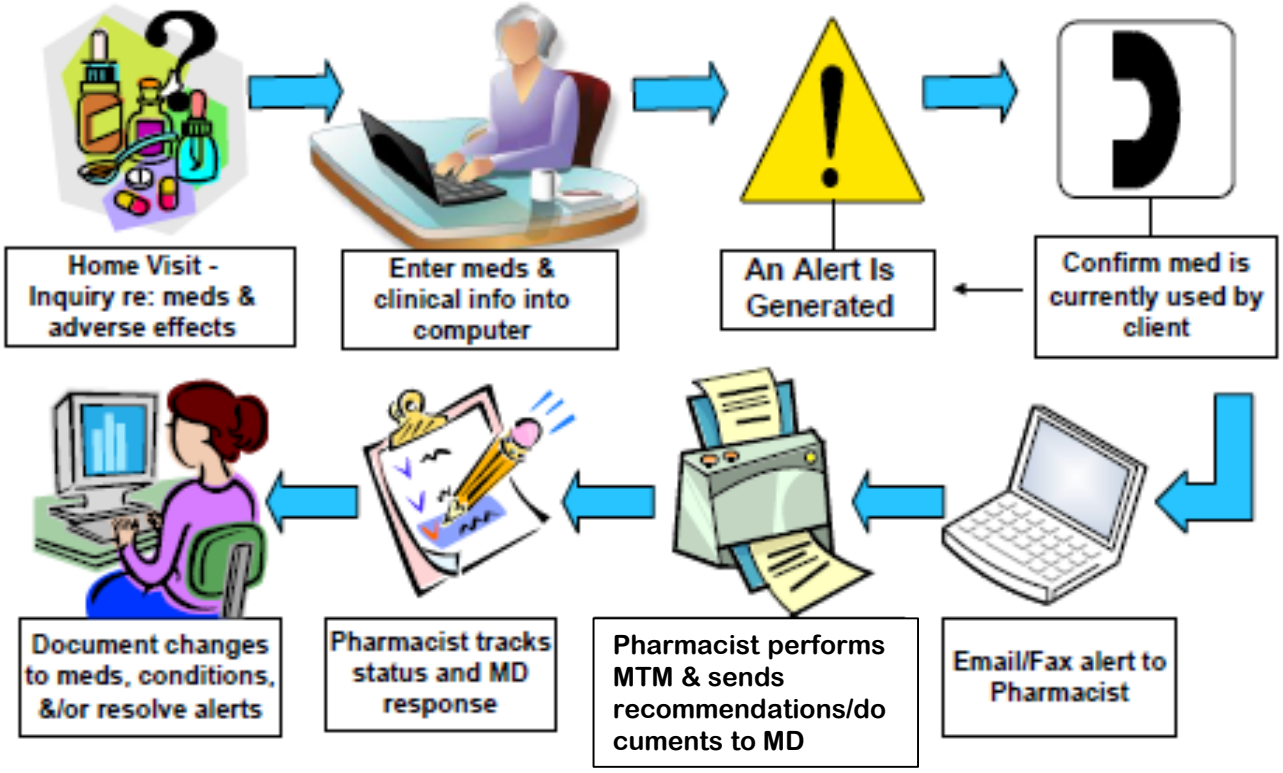
- Up-to-date pre-admission medication list to hospitals within a reasonable time frame
- Provide patients with an accurate reconciled medication list upon admission AND discharge
- Determine insurance coverage of discharge medications for the patient
- Monitor adherence
  - ✓ Synchronized Auto Refill & MTM
  - ✓ Follow-up with Primary Care Physician (PCP) and Patients

Medication Therapy Management (MTM) and Transitions of Care



Ralphs Pharmacy and Home Health

- Pilot - MTM can be part of a coordinated partnership between homes, social workers, nurses, pharmacists, and physicians



Diabetes Management in the Community Pharmacy

- VEBA - pilot is part of a larger San Diego wide effort to:
  - Find novel and effective ways to improve diabetes & cardiovascular care
    - That work well for patients and their families
    - That lead to better health outcomes in cost-effective ways
- DPCA – nationwide program to control diabetes
  - Uses established guidelines to manage disease
    - Physical assessment
    - Point of care testing (lipids, A1c)
    - MTM
    - Counseling (complications, nutrition, exercise, etc)

NSTTME
Community Programs to Prevent & Control Diabetes

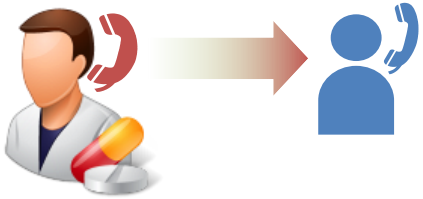
RAND CORPORATION

UNIVERSITY OF CALIFORNIA SAN DIEGO

Right Care Initiative

Be there.

Appointment Based Model



Traditional Model

- Patients randomly call with refill requests creating unnecessary work for staff
- “Tail wagging the dog” scenario is inefficient and hinders pharmacist’s ability to provide services that improve adherence and health

ABM

- One monthly pre-appointment call from pharmacy to patient, prior to appointment date
- Customers no longer have to manage their refills and call them into the pharmacy

Appointment Based Model

Pharmacy staff determines patient's appointment date

All refills of chronic medications are synchronized to the appointment date

Patient receives call from pharmacy 5-7 days prior to appointment date to:

- Verify meds to be filled
- Capture any med changes from doctor/hospital visits

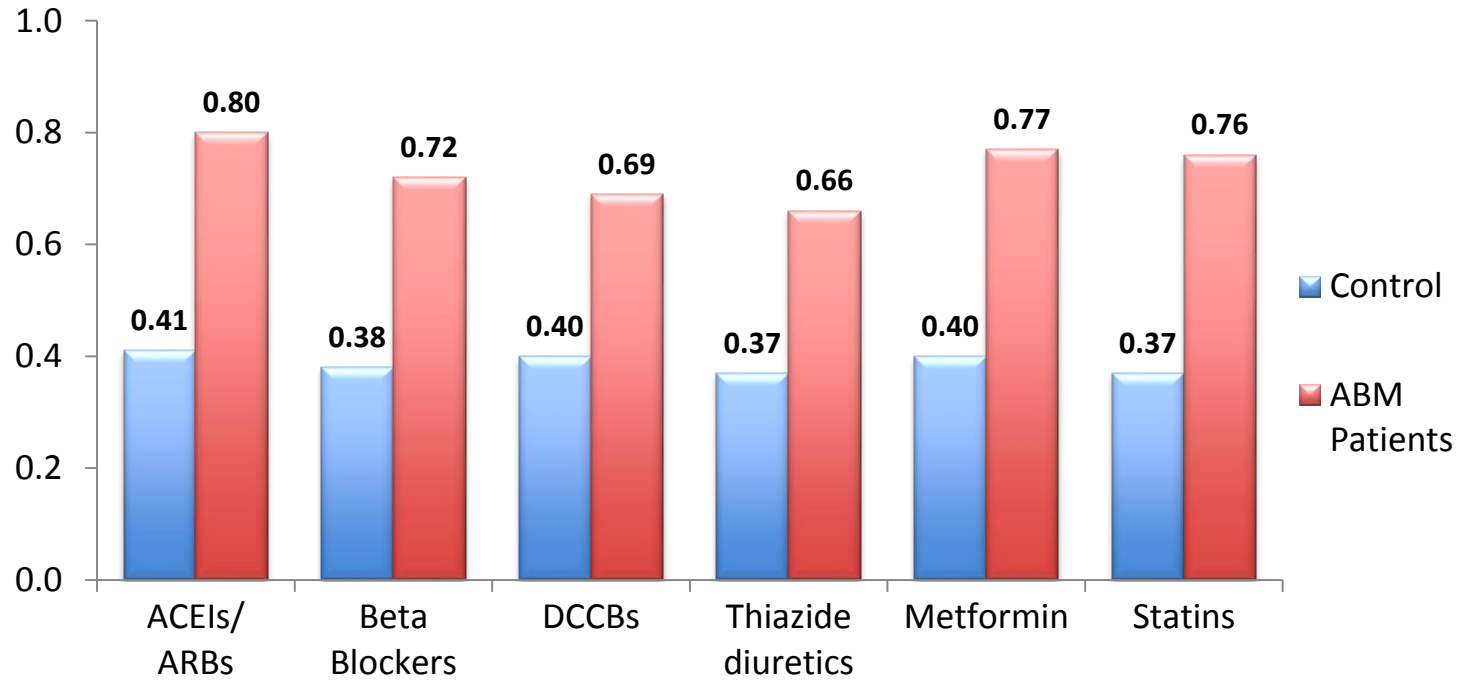
Prescriptions prepared prior to appointment

All fill issues and refill authorizations are resolved prior to the appointment

Patient visits pharmacy once for all medications

The opportunity for additional services at the time of appointment is greatly enhanced

ABM 12 Month Results: Percent of Patients Considered Adherent



Drug Classes in Medicare 5 Star Ratings

Appointment Based Model (ABM) 12 month data analysis Report, David Holford, PhD, et al, Virginia Commonwealth University School of Pharmacy, January 2013

Barriers?

- Poly-pharmacy
- Hospitals unaware of the amount of information community pharmacies can provide for pre-admission medication reconciliation
- Health Insurance Portability and Accountability Act (HIPAA)
- Technology – need two-way communication between hospital system and community pharmacy
- Provider Status – expanded CPT code billing, participation in HIE/HIT, expanded scope in community setting

Take Home Points

- Pharmacists are underutilized as valuable members of the care team
- Pharmacists' roles are extremely fluid and can accommodate a variety of settings
- MTM and comprehensive medication reviews are tools that can greatly reduce readmissions
- New legislature will enable expansion of pharmacists' roles

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