

Transitions of Care: Pharmacy Technicians Role in Helping to Reduce Readmissions

Presented as a Live Webinar
Thursday, November 15, 2012
12:00 p.m. – 1:00 p.m. EST

Planned and conducted by ASHP and conducted in partnership with Pharmacy Technician Certification Board



Transitions of Care: Pharmacy Technicians Role in Helping to Reduce Readmissions

WEBINAR INFORMATION

How do I register?

This webinar has reached maximum capacity.

What is a live webinar?

A live webinar brings the presentation to you – at your desk, in your home, through a staff in-service program. You listen to the speaker presentation in “real time” as you watch the slides on the screen. You will have the opportunity to ask the speaker questions at the end of the program. Please join the conference at least 5 minutes before the scheduled start time for important program announcements.

How do I process my continuing pharmacy education (CPE) credit?

After completion of the live webinar, you will process your CPE online and print your statement of credit at the ASHP CE Center found at <http://ce.ashp.org>. To process your CPE, you will need the **Activity and Session Codes** that will be announced at the end of the webinar. If you have questions about processing your CPE online, please contact ASHP Advantage at support@ashpadvantage.com.

What do I need in order to participate in the webinar?

1. Computer with internet access and basic system requirements. When you register, the webinar system will assess your system to ensure compatibility.
2. Telephone to dial the toll-free number and listen to the presentation (if you choose not to use VoIP [Voice Over IP] via your computer).

Webinar System Requirements

PC-based attendees

Required: Windows® 7, Vista, XP, or 2003 server

Macintosh®-based attendees

Required: Mac OS® X 10.5 or newer

[View complete list of webinar system requirements](#)

What if I would like to arrange for my colleagues to participate in this webinar as a group?

One person serving as the group coordinator should register for the webinar. That group coordinator will receive an e-mail confirmation with instructions for joining the webinar. A few minutes before the webinar begins, the group coordinator should launch the webinar link. Once the webinar has been activated, the coordinator will have the option to open the audio via VoIP on the webinar toolbar or use a touch tone phone with the provided dial-in information. At the conclusion of the activity, the group coordinator will complete a brief online evaluation and report the number of participants at that site. Each participant will process his or her individual continuing education statement online at the ASHP CE Center.

How do I ask a question of the presenter?

Follow the instructions provided at the beginning of the activity for submitting text questions using the webinar tool. The speaker will answer as many questions as possible at the conclusion of the activity.

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A C T I V I T Y F A C U L T Y

Laura Britton, Pharm.D., BCPS, CACP

Pharmacy Clinical Coordinator, Ambulatory Care Services
University of Utah Hospitals and Clinics
Adjunct Instructor
University of Utah College of Pharmacy

Laura Britton, Pharm.D., BCPS, CACP, is Clinical Coordinator of Pharmacy Ambulatory Care Services at the University of Utah Hospitals and Clinics in Salt Lake City. Dr. Britton received her Doctor of Pharmacy degree from the University of Illinois at Chicago and completed a residency in clinical pharmacy at West Side Veterans Affairs Medical Center in Chicago. She is also a board-certified pharmacotherapy specialist and Certified Anticoagulation Care Provider (CACP).

After completing her residency, Dr. Britton joined the United States Public Health Service (USPHS) Indian Health Service in Santa Fe, New Mexico. As a lieutenant in the USPHS, she developed an adverse drug reporting program, assisted in the modernization of the i.v. admixture and unit dose programs and served as the officer for the narcotics, procurement, and immunization programs.

During her tenure at the University of New Mexico Medical Center (UNMMC), Britton served in various positions, including Patient Care Area Pharmacist, Transplant Pharmacist, Medical-Surgical Clinical Specialist, and Anticoagulation Clinic Manager. Dr. Britton's other previous roles include serving as pharmacotherapy specialist for DrugDigest.org, a primary care clinician for BJC Health Center, and an assistant professor of pharmacy practice at the St. Louis College of Pharmacy. During her career, Dr. Britton has assumed roles as the clinical pharmacist for medical, surgical, transplant, cardiac, neurologic, and OB/GYN teams, as well as the instructor and preceptor for pharmacy residents and Bachelor of Science and Pharm.D. students. She has served as co-investigator on clinical trials in anticoagulation and transplant therapeutic areas as well as on numerous university and hospital committees. Dr. Britton has lectured at both state and national meetings on anticoagulation and ambulatory care practice.

Dr. Britton is a member of the ASHP Section of Home, Ambulatory, and Chronic Care Practitioners (SHACCP) and the SHACCP Section Advisory Group on Practice Advancement. She is active in several local, state, and national pharmacy organizations and generously volunteers her time and expertise for various consumer focused community events.

Transitions of Care:

Pharmacy Technicians Role in Helping to Reduce Readmissions

Kristen Veth, CPhT

Regional Technician Trainer
University of Utah Redwood Center Pharmacy
Salt Lake City, UT

Kristen graduated from the University of Utah in 2007 with a Bachelor of Science in Economics. Kristen Veth is a Certified Pharmacy Technician II at the University of Utah Redwood Pharmacy, where she has worked for the past nine years. She has developed and leads the training program for technicians, technician externs and pharmacist interns for the University of Utah Hospital and Clinics.

Kristen has been working to help develop the Medication Therapy Management (MTM) program since its conception at the University of Utah Redwood Pharmacy in September of 2007, including initial training and set up as the program has been introduced in additional clinics. She has trained the technician team that supports and assists the pharmacist in preparation for MTM visits and follow up phone calls. She has also organized and streamlined procedures in order to enhance efficiency and to provide instructional training to staff members.

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The faculty and planners report the following relationships:

Laura Britton, Pharm.D., BCPS, CACP

Dr. Britton declares that she has no relationships pertinent to this activity.

Kristen Veth, CPhT

Ms. Veth declares that she has no relationships pertinent to this activity.

Catherine N. Klein, B.S.Pharm.

Ms. Klein declares that she has no relationships pertinent to this activity.

ASHP staff has no relevant financial relationships to disclose.

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CONTINUING EDUCATION ACCREDITATION

Pharmacy Technicians



The American Society of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This activity provides 1.0 hour (0.1 CEU) of continuing pharmacy education credit (ACPE Activity # activity # 0204-0000-12-443-L01-T).

All participants must complete a Continuing Education Request online and may immediately print their official statements of continuing education at the ASHP CE Center at <http://ce.ashp.org> following the activity.

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METHODS AND FORMAT

This is a live web-based activity consisting of audio, presentation slides, and an activity evaluation tool. Participants must participate in the entire presentation and complete the course evaluation to receive continuing education credit. Participants may print their official statements of continuing education credit immediately following the activity. This activity is provided free of charge.

TARGET AUDIENCE

This continuing pharmacy education activity was planned to meet the needs of pharmacy technicians practicing in a variety of practice settings. This activity would be especially beneficial for pharmacy technicians who have an interest in assisting the pharmacy team with the provision of transitions of care services both on the inpatient and outpatient sides.

ACTIVITY OVERVIEW

Under Medicare's Inpatient Prospective Payment System, as included in the Affordable Care Act, adjustments to payments will now be imposed for excessive readmissions in acute care hospitals during fiscal years beginning on or after October 1, 2012. Therefore, reducing readmission, which is defined as being admitted to the same or different hospital within a prescribed period (generally 30 days) for certain applicable conditions, is becoming a top priority of health systems and community health care providers across the country. The coordination required to make a transitions of care program run smoothly requires the effort of the entire health care team.

This educational activity will describe the transitions of care process at an academic medical center, focusing on the role of pharmacy technicians. Pharmacy technicians on the cardiology, thrombosis, and transplant teams are actively involved in the transition process. A pharmacy technician in the outpatient pharmacy also supports the transitions of care program by scheduling clinic visits and follow-up care. This educational activity will also describe how to train and educate technicians to take on these roles. The experience of a certified pharmacy technician in the provision of transitions of care services will also be described.

There will be time for questions and answers from the webinar audience at the end of the presentation.

LEARNING OBJECTIVES

At the conclusion of this knowledge-based continuing education activity, participants should be able to

- Describe new federal regulations aimed at reducing readmissions.
- Describe a successful model for medication management in transitions of care.
- Explain potential roles for pharmacy technicians in the transition of care.
- Describe how to train pharmacy technicians and assess competency for assisting in the transition of care process.

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**University of Utah
Hospitals and Clinics**



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Learning Objectives

- Describe new federal regulations aimed at reducing readmissions.
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Transitions of Care

“Sick” Health Care System

- One in six Americans have no insurance
- Health care spending is escalating
- Fee-for-service promotes unnecessary tests/procedures
- Medication errors are rampant
- Focus is on treatment, not on prevention
- Care is fragmented

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Health Care Reform and the Affordable Care Act

- Health Care Reform—2010 Patient Protection and Affordable Care Act (PPACA)
- Accountable Care Organizations (ACOs) mandated by the PPACA
- CMS authorized by the PPACA to create a Medicare Shared Savings Program (MSSP)
- Allows for ACO contracts with CMS

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Accountable Care Organizations

- Similar to Health Maintenance Organizations (HMOs)
- ACOs are accountable for providing comprehensive health services to a population
- Provider and/or hospital-led and have a strong base of primary care
- Payment is tied to quality outcomes and reductions in total costs of care—payment capitation and positive outcome bonus payment incentives
- A degree of financial responsibility is placed on providers

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Transitions of Care: Pharmacy Technicians Role in Helping to Reduce Readmissions

Medical Home Model (PCMH)

- Designation of a personal provider
- Care is organized around providing services for all the patient's health care needs and is led by the personal provider
- Care planning process using
 - Evidence-based medicine, clinical decision-support tools, performance measurement, active participation of the patient in decision-making
- Enhanced access to care
 - Open schedules, expanded hours, new communication options



ACO versus Medical Home

- Simplistically, an ACO could be made up of many medical home practices and should enhance reimbursement to primary care providers.
- ACO = "Medical Neighborhood" and populations.
- PCMH = "Medical Home" and individual patients.
- ACO focus primarily on accountability of performance and spending, which involves **coordination of care**.
- PCMH focus on **coordination of care** of the patient.
- Good collaboration between the ACOs and PCMH requires active provider participation in the ACO.



Coordination of Care

- One organization or network providing care to a patient population
- Consolidates multiple levels of care
- Members of health care teams work together to improve patient care and outcomes
- Reduces unnecessary medical costs
- Improves care efficiency
- Improves patient outcomes



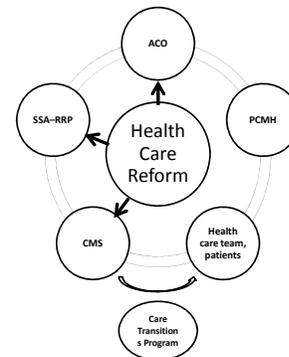
Federal Readmissions Reduction Program

- PPACA added a section to the Social Security Act.
- Aimed at reducing readmissions and improving care transitions.
- In FY 2013, hospitals with higher-than-expected readmissions will receive decreased Medicare payments for all Medicare discharges.
- Focus on heart attack, heart failure, and pneumonia.
- In FY2015, expands to chronic lung disease, cardiac/vascular surgery, and others.



Community-based Care Transitions Program

- Starting in 2011, 5-year Medicare pilot program
- Focus on hospitals with high readmission rates
- Engage in at least one evidence-based care transition intervention such as
 - Comprehensive medication reviews/management
 - Target Medicare beneficiaries at high risk for readmission or a poor care transition



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Implications of Readmission Reduction Legislation

- Hospitals will be scrutinized on readmission rates and transitions of care
- Organizations will be expected to provide
 - Quality reporting
 - Case management
 - Chronic disease management
 - Implementation of readmission reduction measures
- Payment will be linked to the quality of care provided



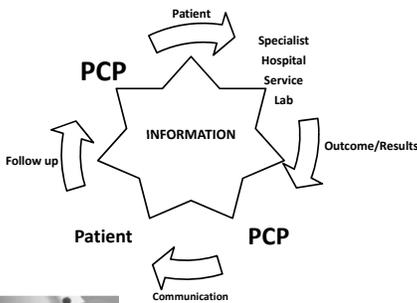
Transitions of Care (TOC)

- Movement from one provider to another
- *One in five patients discharged from the hospital to home experience an adverse event within three weeks of discharge, mostly medication related*
- *Thirty day readmission rates for Medicare patients is 20% costing \$26 billion every year*
- Results from medication errors, poor communication, and poor coordination between providers
- Examples of TOC
 - Hospital or ED discharge to home or care facility
 - Post-discharge follow up with provider
 - Provider to specialist and back
 - Provider to ED or hospital admission

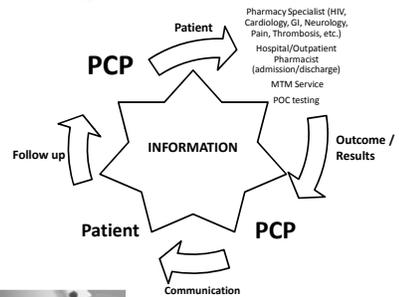


<http://www.healthcare.gov/compare/partnership-for-patients/care-transitions/index.html>

Ideal Model of TOC



Ideal Model of Medication Therapy Management (MTM) in TOC



Do CPTs at your Institution Participate in TOC Activities?



- Yes
- No



Describe your Level of Confidence in Performing TOC Activities



- Very confident
- Confident
- Somewhat confident
- Not confident



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Which of the Following Best Describes your Practice Site?



- Community/retail pharmacy
- Hospital
- Home health care
- Ambulatory clinic
- Other

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Transition Team Members

- Providers—hospital, community, specialty
- Nurses—hospital, community, specialty
- Case managers/discharge planners
- Care managers
- Pharmacists—hospital, community, specialty
- **Pharmacy technicians**
- Patient educators
- Medical assistants

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Roles of Pharmacists in TOC

- Medication reconciliation (admission, discharge, clinic)
- Care optimization (medication management, medication adherence, education)
- Medication access (prior authorizations, patient assistance, therapeutic interchange)
- **Communication**—Information hand off (provider, patient, care manager, nurse, pharmacist)
- Adverse drug event (ADR) reporting and prevention

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Roles of Pharmacy Technicians in TOC

- Work side-by-side with pharmacists
- Interact directly with patients/caregivers
- Facilitate access to medications
- Perform medication histories
- Gather demographic, financial, and clinical information
- Help pharmacist educate patient and assess compliance

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Technicians in a Successful TOC Model

- Where ever there is a pharmacist, we need a technician!
- Technicians should be trained on all aspects of transitions of care.
- Utilizing a team approach with multiple technicians at each site is optimal to provide continuity of care.
- Value those willing to take on a challenge and be flexible.

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Reflections of a Pharmacy Technician

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Clinical Practice Settings

- Discharge
- Transplant
- Cardiovascular
- Thrombosis
- Outpatient



Assistance a Technician Can Provide

- Medication therapy management
- Track collaborative practice agreements
- Medication reconciliation
- Insurance coverage assessment
- Patient compliance assessment
- Financial assistance
- Patient education
- Point of care testing
- Follow-up care
- Train other technicians to assist



Medication Therapy Management

- Manage referrals/discharge list
- Schedule appointments
- Create patient medical records (PMRs)
- Document in patient's chart
- Obtain self-monitoring information from patients
- Follow-up calls and letters
- Reinforce compliance and understanding



<http://www.nacds.org/user-assets/pdfs/foundation/MTMDefinition.pdf>

Collaborative Practice Agreements

- Allows pharmacist to coordinate care with primary care and/or specialty care provider
- Allows pharmacist to follow and manage patient optimizing therapeutic outcomes
- Technician submits request to provider for collaborative practice agreement



Medication Reconciliation

- Obtain medication history from patient
- Perform additional research if necessary with patient's pharmacy/providers
- Create and provide patient with a personal medication record
- Ensure patient understands changes
 - New medications
 - New doses
 - Discontinued medications
 - Complex regimens
- Set the stage for pharmacist to educate
- Alert pharmacist/provider of possible errors



Medication Therapy Management in Community Pharmacy Practice, Version 1.0. (2005)
Medication Therapy Management in Pharmacy Practice, Version 2.0. (2008)

Insurance Coverage Assessment

- Obtain insurance information from patient or neighborhood pharmacy
- Determine drug coverage
- Assess patient's willingness to pay copayments
- Coordinate with providers to obtain the most cost-effective regimen possible
- Obtain coupon cards for copayments if possible
- Initiate prior authorizations for providers



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Patient Compliance Assessment

- Determine the barriers to patient's compliance
 - Financial capability
 - Physical limitations
 - Cultural differences
- Provide assistance in overcoming barriers
 - Coordinate with providers and insurance company to provide the most cost-effective regimen for patient
 - Obtain financial assistance for unfunded patients
 - Deliver medications to patients before discharge
 - Assist patients with obtaining uncommon drugs from their neighborhood pharmacies
 - Schedule interpreters and reinforce patient understanding/compliance



Babcock, Kristen, Discharge CPhT. Personal Interview

Financial Assistance

- Obtain coupons online for 30-day supply of medication
- Help patients take necessary steps to file for patient assistance for the long term
- Look up prices and work out ways to lower cost
- Work with providers to switch medications, if necessary
- Determine the insurance company's preferred medication



Patient Education

- Reinforce understanding of key compliance issues
- Provide patient with clear expectations and follow-up information
- Assist pharmacist in obtaining educational materials and devices for training patients
- Create forms to help track patient progress toward goals



Forms and Tracking Information



Follow-up Care

- Phone calls and letters
- Order appropriate laboratory tests
- Reminders to obtain laboratory results
- Obtain self-monitoring information from patients
- Route questions and concerns to pharmacist/provider
- Inform patient of pharmacist's plans



Training Technicians

- Develop curriculum
- Create and maintain training manual
- Technician trainer carries out appropriate training
- Continuing education and collaborative meetings to keep technicians current on health care reform and vital to the success of the health care team



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Technician in Transitions of Care

- **Essential team member** and partner with pharmacists
- Provide a resource for **better communication** through the continuum of care
- Can **assist patients** in obtaining much needed medications
- Can **help prevent admissions/readmissions**
- Can **practice at the top of your license** and help the pharmacist to do the same



Questions



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S E L F - A S S E S S M E N T Q U E S T I O N S

1. Which of the following statements regarding accountable care organizations (ACOs) is NOT true?
 - a. ACOs are similar to health maintenance organizations.
 - b. Payment is independent of quality of care.
 - c. Financial responsibility rests with providers.
 - d. ACOs are a means of providing comprehensive health services to a population.

2. ACOs focus primarily on accountability of performance and spending, which involves coordination of care.
 - a. True.
 - b. False.

3. All of the following are examples of transitions of care (TOC) EXCEPT:
 - a. Provider to specialist and back.
 - b. Provider to emergency department or hospital.
 - c. Hospital discharge to home or care facility.
 - d. Waiting room to emergency department.

4. Pharmacy technicians should be trained in select aspects of TOC.
 - a. True.
 - b. False

Answer key.

1. b
2. a
3. d
4. b

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Instructions for Processing Continuing Pharmacy Education (CPE)

To obtain CE statements for live symposia, webinars, or webcasts, please visit the ASHP CE Center at <http://ce.ashp.org>.

1. Select **Process Meeting CE** from bottom left. Log in to the ASHP CE Center using your e-mail address and password.
2. **If you have not logged in to the ASHP CE Center (launched August 2008) and are not a member of ASHP**, you will need to create a free account by clicking on **Register** at the bottom of the **Register as a New User** panel.
3. Once logged in to the site, click on **Process Meeting CE**.
4. If this activity title does not appear in your meeting list, enter the 5-digit activity code in the box above the list and click submit. The **Activity Code for each profession (see below) and the Session Code** are announced at the end of the activity. Click **Submit** when prompted and then click on the **Start** link to the right of the activity title.
5. Enter the session code, which starts with the letter "A" and was announced during the activity, and select the number of hours equal to your participation in the activity. Participants should only claim credit for the amount of time they participate in an activity.
6. Click **Submit** to receive the attestation page.
7. Confirm your participation and click **Submit**.
8. Print and/or save your CE statement as appropriate.
9. Complete activity evaluation by selecting the **My Account** tab and continue to **My Transcript**.
10. Select the applicable year from the drop down menu and locate the activity.
11. Click **Complete Evaluation** under the **Status** column to be taken to the evaluation page.
12. Complete **all** evaluation questions and click **Finish**.

Date of Activity	Activity Code	Session Code (announced during the live activity)	CE credit hours
Thursday, November 15, 2012	12443	A 1 2 _ _ _	1.0

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