Starting a Transition of Care Service

A Toolkit for Community Pharmacists

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Step 1

A. Perform a Needs Assessment

The pharmacy should first establish what transition of care needs exist within their community. The following areas should be evaluated for each hospital that might serve as a possible partner:

- disease states with highest readmission rates
- patient safety ratings
- patient satisfaction rates from the Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS)

Medicare's Hospital Compare tool provides information on hospital readmission rates and patient satisfaction. Patient safety is tracked for most hospitals using the Leapfrog Hospital Safety Grade. Local news outlets should also be considered a valuable source of information. News stories will typically include first-person interviews with hospital administrators, which provides a starting point for those unfamiliar with the hospital's organizational structure.

Resources:

- **Hospital Compare**

https://www.medicare.gov/hospitalcompare/search.html

- **Hospital Safety Grade**

http://www.hospitalsafetygrade.org

- **Information on HCAHPS**

https://www.hcahpsonline.org

B. Prepare a SWOT Analysis

A **SWOT** analysis allows teams to assess their **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats before starting a new service. A pharmacy's current operational readiness may not be capable of supporting a transition of care program. A pharmacy without adequate staffing, for instance, will need to address this issue before moving forward.

Community pharmacists should take this opportunity to seek honest, outside feedback on their SWOT analysis from a trusted business advisor or consultant. One frequent obstacle to creating a successful program is failure to recognize that there will be unknowns. The community pharmacist's perspective on transition of care must be blended with a clear understanding of the acute care hospital setting, its structure, processes, payment penalties, and quality measures.

Resources:

Attachment A: SWOT Analysis Template

Step 2

Find a Seat at the Table

Figuring out how to approach a hospital about partnering on transition of care services was the most critical step in establishing our service but it was also the one for which there were the fewest resources available. Because community pharmacies are often seen as having a limited scope of services centered primarily around dispensing, it is important to establish a reputation as a pharmacy that can provide more clinical patient care. Whether it comes from an individual or group, there must be a positive introduction and endorsement of the community pharmacist as an integral part of the transition of care process.

Our pharmacy was assisted in part by affiliation with a state-wide medical home system, Community Care of North Carolina (CCNC). The extensive clinical services offered by our pharmacy often warranted collaboration with CCNC care managers and pharmacists. During a meeting with the local hospital and other stakeholders in community health outcomes, CCNC representatives enthusiastically shared our commitment to patient care. This positive support helped us earn an invitation to future meetings with this community partners group and an opportunity to demonstrate the value of community pharmacists as members of the patient care team.

We also received encouragement from Alliant Quality, the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for North Carolina and Georgia. Representatives from Alliant work closely with multiple healthcare agencies and facilities in our area - including community pharmacies - and were aware of the potential impact community pharmacists could have on readmission rates. Community pharmacists should consider reaching out to the QIN-QIO for their area as these organizations are an excellent resource for better understanding transition of care concerns.

Pharmacies interested in building a transition of care program should first identify any current partners, such as home health agencies or care managers, that could endorse their clinical services. Pharmacies that are just starting clinical services should nurture any existing relationships with providers. For example, a pharmacy may be the trusted source for a nurse care manager when questions arise regarding medication copays. Or a local provider's office may frequently call the pharmacy for drug information. Pharmacists can leverage these relationships to ask about current community partners groups, similar to the one mentioned earlier in this section, that focus on improving health outcomes. If a group like this doesn't exist, the pharmacy could consider starting one.

Resources:

- https://www.qualitynet.org/
- https://qioprogram.org/about/why-cms-has-qios

Step 3

A. Offer Supporting Data

Community pharmacists should be prepared to demonstrate how they can make an impact on hospital readmission rates. Anecdotal evidence, such as case reports of patients, should be backed up by data that can be easily presented. Our pharmacy carried out a simple retrospective review of six patients in order to accomplish this.

Because the pharmacy and hospital had not yet signed a Business Associate Agreement (BAA), six existing pharmacy customers who were recently discharged from the hospital were selected. The hospital provided progress notes and discharge medication lists for each patient. A full medication review was then performed, including a retrospective medication reconciliation. The result was a one-page chart outlining drug therapy problems identified at discharge for all six patients.

Although simple, data like this highlights the types of interventions that community pharmacists can make. It also provides additional insight that can be included in a pharmacy's SWOT analysis. In doing this pilot study, our team recognized additional weaknesses in our knowledge of hospital documentation systems, as well as opportunities for our service to assist in other areas of quality improvement for the hospital.

Resources:

Attachment B: Pilot Study

B. Become a Covered Entity

A Business Associate Agreement (BAA) is required under HIPAA in order to communicate protected health information (PHI), such as patient medication lists and health records. The BAA functions to establish the pharmacy as a covered entity under the hospital's HIPAA provisions. In the case of our program, it allowed the pharmacy remote access to the hospital's electronic medical record for the purposes of looking up patients who were referred to our service.

A BAA does not automatically convey a binding payment arrangement between two entities. This is important since a hospital may not be willing to sign a service contract with a pharmacy but may be open to exchange of PHI for the purposes of testing a more formal relationship.

Resources:

- **Sample BAA and FAQs: https://www.hhs.gov/hipaa/for-professionals/**

Step 4

Decide on the Details: Services and Reimbursement

Having a basic outline of what the pharmacy is able to offer will facilitate initial negotiations with a potential hospital partner. Some of the questions that should be addressed during initial meetings are:

- What are the hospital's goals for this service?
- Who will be responsible for educating hospital staff about the new service?
- How will patients be identified for referral: by disease state, readmission status, or other factors?
- What method of communicating patient referrals is most convenient for the hospital and pharmacy?
- Will the pharmacy provide the service afterhours and on weekends?
- Will the community pharmacist be able to communicate with hospital staff via the electronic health record?
- Will the pharmacy provide follow-up phone calls to patients after discharge? If so, at what intervals (i.e., 5 days after discharge, 7 days, etc.)?

The issue of revenue should also be addressed early in the discussion process. There are currently no standardized codes for reimbursement that would fit a transition of care program strictly between an acute care facility and a community pharmacy or pharmacist. For this reason, some pharmacies may find it beneficial to also develop a partnership with one or more outpatient providers in order to bill Transitional Care Management (TCM) codes for any of their patients being discharged. A community pharmacy might also propose a direct payment arrangement, with the hospital reimbursing the pharmacy on a per patient basis for transition of care services.

Having a member of the hospital staff who champions the service will not only help with negotiations but will also ensure that the service becomes a regular part of the discharge process. This champion should preferably be someone who is actively involved in patient care and serves in a position of leadership, such as the medical director or head of nursing. For pharmacists trying to start a transition of care service, identifying a champion can seem intimidating but our experience has been that community pharmacists are welcomed enthusiastically to the process by all those who wish to improve patient outcomes.

Resources:

- **Explanation of TCM code requirements:**

https://www.cms.gov/Transitional-Care-Management-Services-Fact-Sheet-ICN908628.pdf

Attachment A: SWOT Analysis

Below are some examples of factors that might be identified during a SWOT analysis. Each organization will place these factors, along with others they might identify, in different areas of their SWOT grid according to their pharmacy's current level of operational readiness.

- Delivery service
- Adherence packing
- On-Call/24 hr pharmacist
- Board certified pharmacists
- DSME/T
- Other classes (smoking cessation, nutrition, etc.)
- Home visits
- Partnerships with home health, LTC
- Point of care testing
- Pharmacist overlap
- Adequate support staff (technicians, cashiers)
- PGY1/PGY2 resident
- Precepting site for pharmacy student
- Vaccinations
- Med Sync/Appointment based model
- Increased operational costs
- Knowledge of hospital readmission rates, rating system and penalties
- New prescription business
- New service-based revenue (CCM, TCM)
- Improved hospital readmission rates
- Improved community health outcomes
- Recognition within community
- Recognition/Publication in professional journals
- Research data
- Declining reimbursement
- Competition from other clinical service providers
- Resistance to change (by pharmacy staff or by hospital staff)
- Perception of pharmacists as not integral to the patient care team

STRENGTHS	WEAKNESSES
What Sets You Apart?	***What Could You Do Better?***
OPPORTUNITIES	THREATS
What Are Your End Goals?	***What Is Not Controlled by You?***

***Because it is often difficult to self-assess areas of weakness or perceived threats, pharmacies should consider asking a trusted consultant or business associate for honest feedback on their SWOT analysis once it is completed.**

Attachment B: Pilot Study

	Meds Reviewed	Omissions	Dose/frequency discrepancy	Adherence Issue	Formulary Issue	Gap in therapy
Case 1	**12**	1	0	3	0	0
Case 2	**20**	4	4	5	1	3
Case 3	**4**	4	0	7	0	5
Case 4	**34**	2	2	5	0	2
Case 5	**26**	0	0	0	0	0
Case 6	**17**	6	2	0	0	2

Omissions:
Chronic medication not listed on discharge summary and follow-up by pharmacy clarified meds were to be continued

Dose/Frequency Discrepancy:
Dose or frequency of medication on discharge differs from prescription provided to patient at discharge

Adherence Issue:
Documentation in discharge summary lists medication to which patient is non-adherent and non-adherence was listed as a reason for admission **or** patient has no fill history or claims data for this medication and no prescription was given at discharge

Formulary Issue:
Patient was discharged on medication not covered by insurance plan

Gap in therapy:
Medication omission or discrepancy resulted in therapy gap greater than 1 week due to pending clarification