

Transitions of Care Pharmacist: The Crucial Piece of the Discharge Puzzle

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The Care Transition Team has
no conflicts of interest to disclose.

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Objectives

- Pharmacist Objectives
 1. Describe the role of a care transition pharmacist.
 2. Identify opportunities for pharmacist intervention throughout a patient's hospital transition.
 3. List three reasons for using the teach-back methodology.
 4. Identify tools available to help improve health literacy.

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Objectives

- Technician Objectives
 1. List three opportunities that may require pharmacist intervention during a patient's hospital transition.
 2. Recognize the importance of the teach-back methodology.
 3. Describe how a technician can help support a care transition pharmacist.

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Background

- Team of 11 pharmacists
- Monday – Friday 8am -4:30pm
- Part of the interdisciplinary team
- BOOST involvement



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Goals of Our Team

- Decrease hospital readmission due to preventable drug-related events
- Increase patient adherence
- Increase patient satisfaction
- Increase patient understanding
- Ensure accurate medication lists
- Reduce medication errors

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Our Roles

- Medication Reconciliation Assistance
- Medication Therapy Evaluation
- Patient Counseling
- Core Measures
- Follow-up Phone Calls
- Hotline Phone Calls

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Discharge Intervention Analyses¹

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Discharge Intervention Analyses¹

“Analyses of interventions at discharge made by a pharmacist care transition team in a community based hospital”

- Goal: To evaluate interventions to better define the role of pharmacists in educating and assisting patients and correcting medication errors at discharge.

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Discharge Intervention Analyses¹

• Methods:

- Consultations were initiated by: patient care facilitators, physicians, or pharmacists
- Patient selection was based on criteria including: poly-pharmacy, health literacy concerns, high risk medications, multiple medication changes during admission, and primary diagnosis.
- Eight weeks of data collected

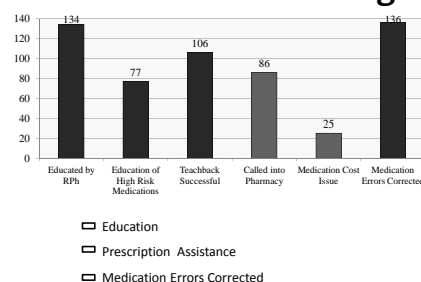
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Discharge Intervention Analyses¹

- Results:
 - 146 patients were evaluated
 - Successful teach-back was demonstrated by 79.1%
 - Pharmacist completed a prescription assistance action for 65.1% patients
 - At least one error was corrected for 51.4% patients
 - Two or more errors were corrected for 26% patients

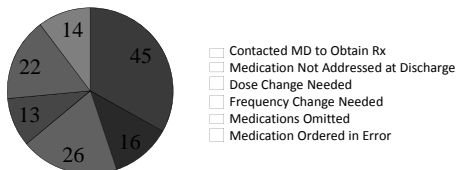
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Frequency of Interventions Performed at Discharge¹



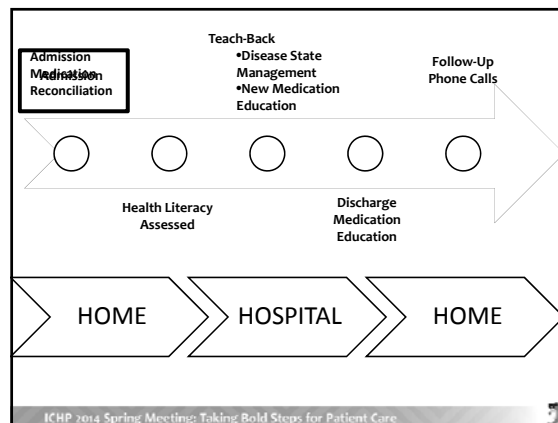
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Medication Errors Corrected¹



Conclusion: Pharmacists educated 134 patients using teach-back methodology and identified 136 discharge errors during the transition process. The results from the study show a pharmacist care transition team can offer reduction in medication errors by serving as an intermediary between patients and other healthcare professionals.

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Patient Case

- RM is a 60-year-old male farmer admitted to general cardiac floor for worsening chest pain of 1 month duration
 - Patient scheduled for cardiac catheterization with possible Percutaneous Coronary Intervention (PCI)
- **Past Medical History**
 - Coronary Artery Disease (CAD) with Myocardial Infarction (MI) in 2011
 - Hypertension (HTN)

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Patient Case Continued

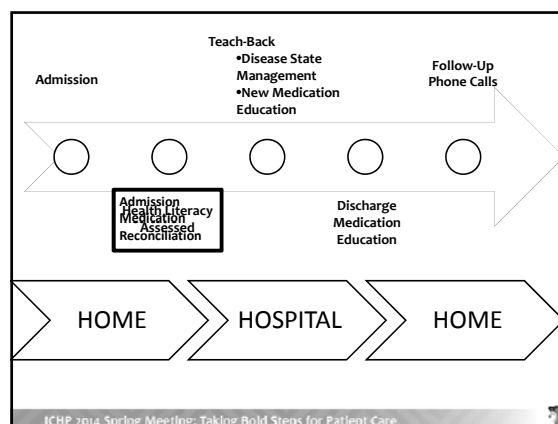
- **Home Medications**
 - Metoprolol 50 mg by mouth once daily
 - Aspirin 325 mg by mouth twice daily
 - Nitroglycerin 0.4 mg under the tongue as needed
- Medication list obtained from hand-written scratch paper in patient's wallet
- Patient has informed you that he is not fond of taking medications

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Patient Case Continued

- What tools should be used to help assess the patient's baseline understanding of medications?
- What possible interventions can the pharmacist make before and after discharge to increase health literacy?
- How can comprehension of education be assured?

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Definition²

- “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions”

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Prevalence³

- Approximately 9 out of 10 adults have difficulty using the everyday health information that is routinely available
- Only 12% of literate Americans are proficient in understanding health information

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Importance

- Pharmacists desire successful patient outcomes
- Healthcare systems continue to be more complex
 - Increased number of medications
 - More tests and procedures
 - Complicated language
 - Multiple providers

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Comparison⁴

- Pressure Float Mode
 - The height system will maintain the header height relative to ground pressure as specified by the working setting.
 - The height system will only run in the Auto state, if the feeder drive is on and the operator actuates the RESUME or SET #1 or SET #2 switch.
 - The feeder drive must be engaged to allow auto control. If the feeder is disengaged, auto control will stop immediately.
 - If the operator actuates the RAISE or LOWER switch, the system will go into Manual mode. To return to Auto mode, the operator momentarily presses the RESUME switch.
 - When a circuit fault is detected that affects the engaged auto mode, the height system will go into Manual mode.

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Tools for Providers

- Numerous
 - Health Literacy Universal Precautions Toolkit⁵
 - National Action Plan to Improve Health Literacy⁶
 - “What Did the Doctor Say?:” Improving Health Literacy to Protect Patient Safety⁷

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Tools for Patients

- Videos
- Charts
- Models
- Diagrams



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Tools for Improving Medication Adherence/Accuracy

- Medication planners/organizers/alarms
- Medication lists
- Effective communication
 - Use “living room” language
 - Ask open-ended questions

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Practice⁸

Medication	“Living Room” Language
Atorvastatin	
Clopidogrel	
Metoprolol	
Nitroglycerin	
Lisinopril	

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Practice

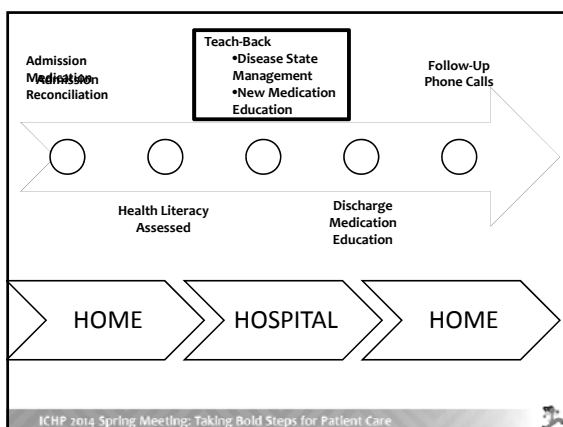
Medication	“Living Room” Language
Atorvastatin	Lowers fats in the blood
Clopidogrel	Prevents blood clots
Metoprolol	Heart/blood pressure
Nitroglycerin	Chest pain
Lisinopril	Blood pressure

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Patient Case Continued

- Patient was taking metoprolol tartrate once daily
- He was taking 2 aspirin tablets in the morning
- He was not able to tell us how to take his nitroglycerin

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Background

“Studies have shown that 40-80 percent of the medical information patients receive is forgotten immediately and nearly half of the information retained is incorrect.”⁵

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What is “Teach-Back”?

- A method of communication that ensures understanding of information being shared
- Used between provider and patient/caregiver
- Incorporates asking the patient/caregiver to “teach back” what was said

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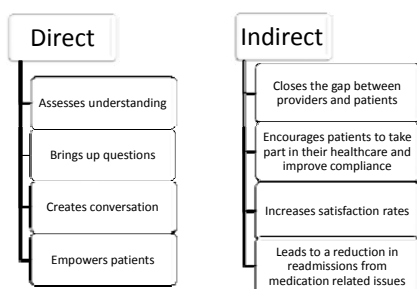
How to use Teach-Back

- Only discuss 2-3 points at a time
- Use plain language and open-ended questions
- Cover the basics
 - Indication
 - Administration
 - Side Effects
 - Follow up



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Teach-Back Benefits¹¹



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Is “Teach-Back” Associated With Knowledge Retention and Hospital Readmission in Hospitalized Heart Failure Patients?¹⁰

Objective:

To determine if patients educated with teach-back retain information and whether it's associated with fewer readmissions.

Methods:

- 276 patients; 13-month period
- Assessed recalled information in hospital and during follow-up.
- Readmissions confirmed through follow-up calls and review of medical records.

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Results & Conclusions¹⁰

Results:

- Patients correctly answered 75% of teach-back questions
 - 84.4% of the time while hospitalized
 - 77.1% of the time during follow-up telephone call
- Greater time spent teaching was significantly associated with correctly answered questions ($P < .001$).

Conclusions:

- The teach-back method is an effective method used to educate and assess learning.
- Patients educated longer retained significantly more information than did patients with briefer teaching.

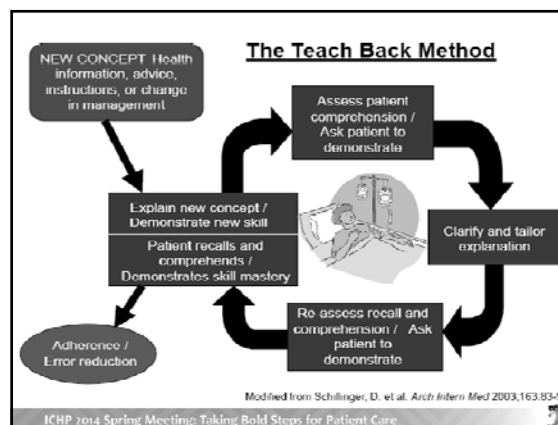
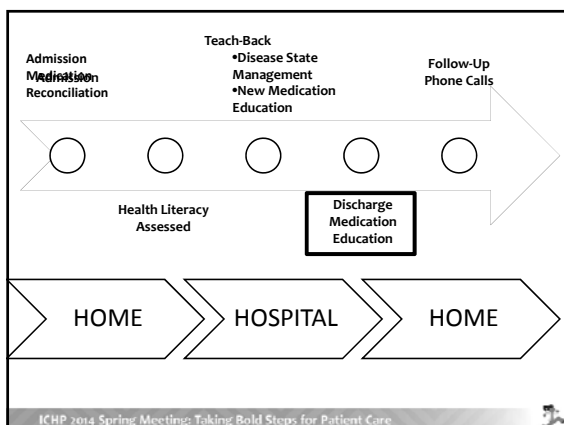
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When is Teach-Back Most Applicable?⁵

- Medication changes
- Disease state education
- Injection administration
- Proper use of inhalers



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Introduce the “New Concept”

- Review the discharge medication list
- Focus on changes
- Demonstrate techniques

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Discharge Medication List

Prescription	Medication name (see both names)	Strength of medication	How many to take	How often to take	How often to take	What is medication for	Next time medication	Changes to the medication
Aspirin	Aspirin	81 mg	1 tablet	Once a day	Once a day	Heart health	Take every day at bedtime	Take every day at bedtime
Aspirin	Aspirin (Acetylsalicylic acid)	81 mg	1 tablet	Once a day	Once a day	Heart health	Take every day at bedtime	Take every day at bedtime
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Assess Comprehension

- Ask the patient to attempt Teach-Back
- Focus on changes to previous routines
- Identify areas the patient lacks confidence

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Clarify and Tailor

- Use alternate words
- Use tools to offer visual examples
- Offer exact administration times

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Re-assess

- Continue to tailor instructions
- Ask patient to demonstrate a technique
- Observe patient filling a pill box

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Similar Consultation Methods¹²

- Indian Health Service
 - What did your prescriber tell you the medication is for?
 - How did your prescriber tell you to take the medication?
 - What did your prescriber tell you to expect?

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Patient Case Continued

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Patient Case Continued

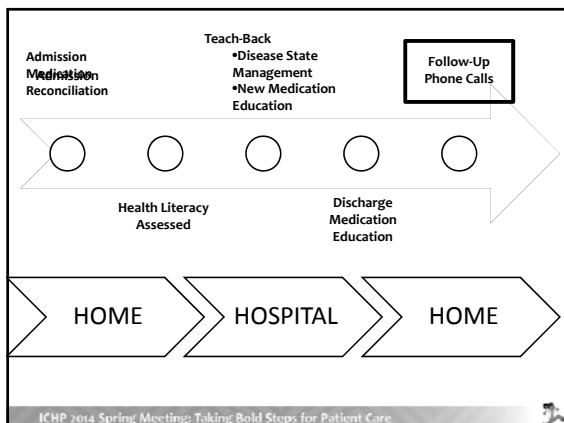
- **Discharge Medications**
 - Metoprolol tartrate 50mg by mouth twice daily
 - Aspirin 81mg by mouth once daily
 - Nitroglycerin 0.4mg under the tongue as needed
 - Clopidogrel 75mg by mouth once daily
 - Atorvastatin 80mg by mouth at bedtime

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Discharge Medication List

Prescription Name	Medication name (see both names)	Strength of each tablet	Dose (mg)	How many to take	How to take (route, time)	What is medication for	What time (morning, noon, night)	Changes to this medication
Aspirin 325mg	Aspirin (Acetylsalicylic acid)	81mg	1 tablet	Twice daily	Other way: morning and evening	Heart pain/heart attack	Twice	"Increase to 160 mg a day"
Nitroglycerin 0.4mg	Nitroglycerin (Nitrate)	0.4mg	1 tablet	Under the tongue (sublingual)	Other way: under the tongue	Heart pain	As needed	"Hold off after the dose"
Metoprolol 50mg	Metoprolol (Beta blocker)	50mg	1 tablet	Twice daily	Other way: twice daily	Heart disease	Twice	"New medication"
Clopidogrel 75mg	Clopidogrel (Antiplatelet)	75mg	1 tablet	Once daily	Other way: once daily	Heart disease	Twice	"New medication"
Atorvastatin 80mg	Atorvastatin (Statins)	80mg	1 tablet	Once daily	Other way: once daily	Heart disease	Twice	"New medication"

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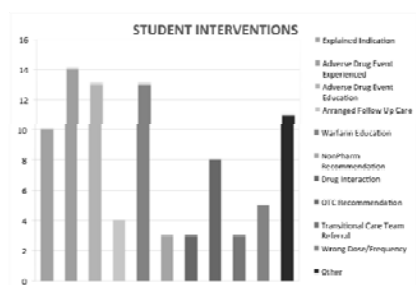


Follow -Up Phone Calls

- Typically 3 to 7 days post-discharge
- Another opportunity to review medications utilizing teach back
- Answer patient questions, medication access problems, adverse drug reaction
- Hopefully increases patient satisfaction

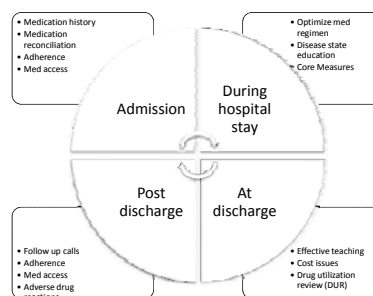
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Student interventions during follow-up phone calls¹³

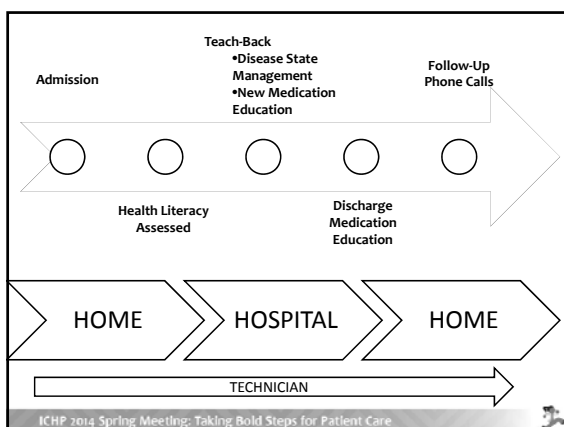


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Opportunities for Pharmacists



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How to utilize a technician in transitions of care



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Managing Referrals

- Time consuming, but very important
- Prioritizing
- New consult and discharge lists
- Discover discharge times
- Organize

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Obtaining Medication List

- Gather medication list
- Investigate other sources
- Investigate compliance issues or cost issues
- Create personal medication record

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Insurance

- Obtain insurance information
 - Check specific drug coverage
- Discuss medication cost
- Provide coupon card(s)
- Initiate prior authorization
- Report issues to the pharmacists

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Patient Adherence

Technicians would be in the best position to discover adherence issues

- During patient interview
- When verifying refill history

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Follow-Up

- Medication Access
- Hotline Phone Calls
 - Answering outside calls for pharmacists for drug-related questions
- Follow-up Appointments

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Patient Case Continued

- Follow-up phone call to RM 4 days post-discharge
- Heartburn after large meals – started Prilosec OTC twice a day
- Interventions?

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Questions????



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Memorial Medical Center
Discharge Medication List

Room/Bed: /

FIN: 226426310

Patient Name: INVESTIGATIONAL, PHARMACY

I need to pick up my medications at: Hometown Pharmacy – Highway 106
Medication Instructions were given to: Patient

Script Given	Medication Name	Strength of Med	How Many to Take	How to take	How Often Med is Taken	What is Medication for	Next time I take	Changes to this Medication
Script called to pharmacy	metoprolol tartarate (Lopressor)	50mg	1 tablet	By mouth	every morning and every evening	blood pressure/heart rate	tonight	*increased to two times a day*
Script called to pharmacy	nitroglycerin (Nitrostat)	0.4mg	1 tablet	Under the tongue (sublingual)	As needed every 5 minutes. Maximum of 3 tablets in 15 minutes.	chest pain	only if needed	*call 911 after first dose*
								keep in amber glass bottle
Script called to pharmacy	clopidogrel (Plavix)	75mg	1 tablet	By mouth	Once a day	blood clots	tomorrow	*NEW medication*
Script called to pharmacy	atorvastatin (Lipitor)	80mg	1 tablet	By mouth	In the evening before bed	cholesterol	tonight	*NEW medication*

Discharge Medication List

Room/Bed: /

FIN: 226426310

Patient Name: INVESTIGATIONAL, PHARMACY

Script Given	Medication Name	Strength of Med	How Many to Take	How to take	How Often Med is Taken	What is Medication for	Next time I take	Changes to this Medication
Other: Over the Counter (OTC)	aspirin	81mg	1 tablet	By mouth	Once a day	heart health	tomorrow	*decrease in dose*

Stop these Home Medications

aspirin 325mg

Your Discharge Medication List was completed by: A Boblitt

If you have problems or questions about this medication list please call Memorial Medical Center at (217) 788 – 3000 and ask for the Pharmacy nursing unit.

In addition, if you have questions about your medications or prescriptions, you can call a pharmacist between the hours of 8:00 am – 4:00 pm, Monday – Friday, at (217) 788 – 4382

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Learning Assessment Questions

1. Which one is a key component of teach-back?
 - a.) Focusing on 2-4 key points at a time
 - b.) Using medical terminology
 - c.) Asking if the patient understands
 - d.) Asking “yes” or “no” questions
2. When is teach-back appropriate?
 - a.) Medication change education
 - b.) Insulin administration education
 - c.) Only when family members are present
 - d.) Any time for any type of education
3. Which government agency developed a standardized patient counseling method to improve outcomes for the patient population they serve?
 - a.) FDA
 - b.) DEA
 - c.) IHS
 - d.) Affordable Care Act
4. Which of the following is a tool frequently used during teach back?
 - a.) accurate discharge medication lists
 - b.) closed ended questions
 - c.) old medication lists
 - d.) package inserts provided from the drug manufacturer
5. What is the ideal time to make discharge phone calls?
 - a.) 1 day later
 - b.) 30 days later
 - c.) Depends on your institution and ideally on the specific patient
 - d.) 365 days

6. Patient is being discharged on atrovastatin. Health literacy universal precautions are to be used for counseling purposes. Which of the following statements BEST describes atrovastatin's purpose using "living room language?"
- a) Inhibits HMG-CoA reductase, the rate-limiting enzyme in cholesterol biosynthesis
 - b) Lowers cholesterol to reduce the risk of cerebrovascular accidents and myocardial infarctions
 - c) Decreases cholesterol to reduce the risk of atherosclerotic cardiovascular disease
 - d) Lowers fats in the blood to reduce the risk of strokes and heart attacks