

REMOTE PHARMACY MODELS

Enabling Pharmacy's Strategic Initiatives

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Presenters

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Featured speakers



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Mark Chaparro, PharmD

Director of Pharmacy
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Kelly Morrison

Director, Remote & Retail Pharmacy Services
Cardinal Health



Kelly Morrison
Director of Remote & Retail
Pharmacy Services

Cardinal Health

Discussion objectives

- Identify healthcare reform's impact on pharmacy
- Understand different remote pharmacy models and how they can be leveraged
- Learn how two health systems are expanding their pharmacy services to execute upon strategic initiatives

The impact of health care reform

- Doing more with less has become standard practice for hospital pharmacists
- There is an increased need for pharmacy-led, clinical programs to drive hospital cost savings initiatives, reduce readmissions and increase patient satisfaction
- Personnel and project budgets are flat despite growing hospital administration expectations

Leveraging remote pharmacy models

- Expansion of pharmacy services
 - Medication reconciliation
 - Transitions of care programs
 - Expanded pharmacy support in ED and procedural areas
 - Expanded pharmacy support to ambulatory care facilities
- Redeploy onsite pharmacists from order entry to strategic projects and clinical initiatives
- Support short-term project work; technology conversions
- Provide work-load balancing and reduce order review and order entry times, especially during peak hours
- Provide nursing and technician supervision



Mark Chaparro, PharmD
Director of Pharmacy

CaroMont Health

About CaroMont Health

- Located in Gastonia, NC
- 435 licensed beds
- Primary population served: 250,000
- Level III trauma center, emergency services, surgical services including cardiac, NICU (Level III) OB
- ED visits are top five in the state of North Carolina



The challenge

- Expanding clinical services without expanding FTE count
- Improving patient outcomes
- Redefining optimal expectations for onsite pharmacists

Evaluating options

- Option 1
 - Internal FTE expansion
- Option 2
 - Staffing model changes
- Option 3
 - Combining some clinical pharmacist roles and redistributing those tasks to a later shift
- Option 4
 - Evaluate multiple remote pharmacy service companies
- Option 5
 - Do nothing to change

The approach

- Outsource order verification tasks to a remote pharmacy service provider
- Redistribute clinical work load to 2nd and 3rd shift
- Utilize pharmacists to provide discharge review of patient medications

Results

- First 3 months

- 277 clinical interventions on discharges
- 1178 discharge medication reviews



+23.5%

- Month 4

- 147 clinical interventions on discharge
- 542 discharge medication reviews



+27.1%

- October 2017

- Pharmacist schedule change
- 5 additional clinical pharmacists decentralized

Additional results

- Increased productivity metrics for onsite staff
 - 32 medication orders processed/hour



10 orders

- Improvement in medication order Turn Around Time (TAT)
 - Stat order TAT 4 minutes
 - Routine order TAT at 9 minutes



2 min

- Staff engagement increased
 - Staff more receptive to changes in order to increase clinical service participation



Robert Eastin, PharmD
Director of Pharmacy, Central
Pharmacy and Shared Services

Scripps Health

About Scripps Health

- Four hospitals on five campuses in San Diego, California
- Network of clinics throughout the county
- Over 15,000 employees and 2,600 medical staff
- Inpatient and retail pharmacy services
- Shared pharmacy services
 - Central packaging pharmacy and telepharmacy (remote order entry/verification)



Outsourcing a telepharmacy service

Challenge

- Needs assistance meeting Stage 2 meaningful use medication reconciliation requirements
- Complete project within 6 months without adding additional staff

Solution

Utilize Remote Pharmacy Service to:

- Supplement staff
- Support entry of discharge orders
- Meet meaningful use deadline

Results

\$ 417K saved in labor

99,426 orders processed over 5 months



Hospital pharmacists were able to provide continuous patient care

Insourcing a telepharmacy service

- Leverage resources across the system in order to manage the “peaks” and “valleys” of order entry
- Reduce the distributive burden on the site pharmacists
- Support the site pharmacists in the growth of the clinical programs
 - Scripps Mercy Hospital San Diego
 - Scripps Mercy Hospital Chula Vista
 - Scripps Memorial Hospital La Jolla
 - Scripps Green Hospital
 - Scripps Memorial Hospital Encinitas
 - After-hours support of Anticoagulation Clinic

The approach

- Labor budget neutral: pharmacist positions moved from hospitals
- Hours of operations and staffing
 - Monday through Friday, 7:00 to 10:30
 - Saturday and Sunday, 8:00 to 4:30
- Telepharmacy to own the order entry and verification process
- Telepharmacy to process more orders to free up site pharmacists for clinical duties:
 - Clinical rounds
 - Patient counseling
 - Committee participation

Results and benefits



- 45% of orders system-wide entered by telepharmacy (consistently > 50% at one site)
- Standardization of pharmacy protocols
- Medication dispensing/administration standardization
- Enhanced patient safety

Remote pharmacy services: transitioning to a new EHR



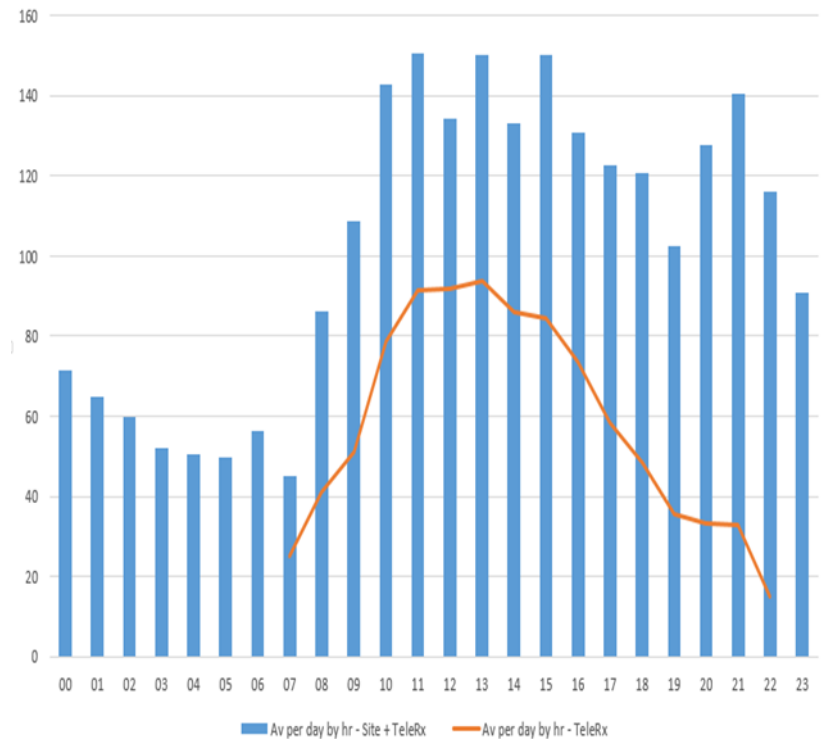
- Five Scripps hospitals, Scripps clinics, ASCs, and infusion centers transition to new EHR with computerized physician order entry over one year
 - Wave 1- One hospital and all outpatient areas
 - Wave 2- Two hospitals
 - Wave 3- Two hospitals
- Introducing IV work flow software to all outpatient spaces

Increasing pharmacist support for transition

- Identified need for additional pharmacist FTEs to support transition
 - Backfill hospital pharmacists that are attending training
 - Backfill specialty pharmacists and subject matter experts involved in building the EHR
 - Increase staffing at go-live and for first month
- Input from Epic and other health systems led to decision for additional 5-7 pharmacists needed
- Two possible strategies were identified
 - 1. Hire 5 clinical pharmacists full-time with intent to stay on after go-live
 - 2. Outsource remote entry services to support hospital sites and allow existing Scripps pharmacists to fill various roles needed to transition to Epic with contract to end after last hospital implementation

Outsourcing telepharmacy support

- Must maintain telepharmacy level of order entry support
 - Contracted 7 FTEs
- Determine hours of day and days of week for coverage
 - Monday through Friday
 - 9:00 to 7:00 (allowed use of out of time zone support)
- Decide which hospitals (all, some, or one) will be supported by contracted telepharmacy
 - Support 3 hospitals, none of which implementing in Wave 1
 - Two largest hospitals
 - Memorial La Jolla
 - Mercy San Diego
 - Mercy Chula Vista (sister hospital)



Implementation and results

- Initial site visit with telepharmacy to observe processes and understand policies
- Training for telepharmacy staff in-person and remotely via Skype
- Weekly and monthly meetings as needed in the first 3 months
- Telepharmacy maintained order entry levels for the system
 - Between 43-46% of orders system wide
- Outsourced telepharmacy services maintained same level of system-wide support but allowed staff to be used for:
 - Subject matter experts for protocol development
 - Backfill hospital pharmacists to attend Epic training
 - Increase staff levels at hospitals one week prior and four weeks post go-live



Kelly Morrison
Director of Remote & Retail
Pharmacy Services

Cardinal Health

Benefits of remote models

- Operational
 - Enables pharmacy full commitment without distractions when engaging in training and implementation of new system
 - Ensures pharmacy service levels are consistent when pharmacists are pulled away temporarily or redeployed to clinical initiatives
- Financial
 - Eliminates costs associated with recruiting, training and benefits
 - Helps reduce PADEs and costs associated with mitigation
- Cultural
 - Enables pharmacy to scale staff as needed without impacting FTE personnel
 - Demonstrates leadership's commitment to work life balance and job satisfaction

The role of remote pharmacy services

- Expands the pharmacists' reach in transitions of care
- Supports the improvement of clinical outcomes
- Increases pharmacy and hospital access to patients
- Reduces healthcare costs and increases efficiencies

Looking to the future

Focus on telehealth is growing rapidly

- Ensures access to health care services in isolated and underserved geographic areas
- More effective deployment of telehealth technologies continue to enhance the ability to better meet the health care needs
- Promotes patient-centered health care

Thank you

Featured speakers contact information



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