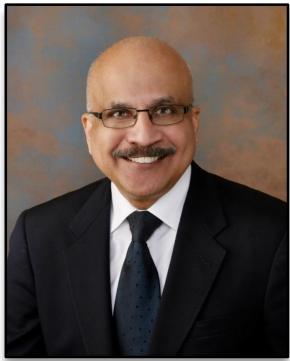


Expanding pharmacy services while controlling labor costs with remote pharmacy models

November 8, 2018

Featured speakers



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Methodist Hospital of Southern California
Arcadia, California



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Discussion overview

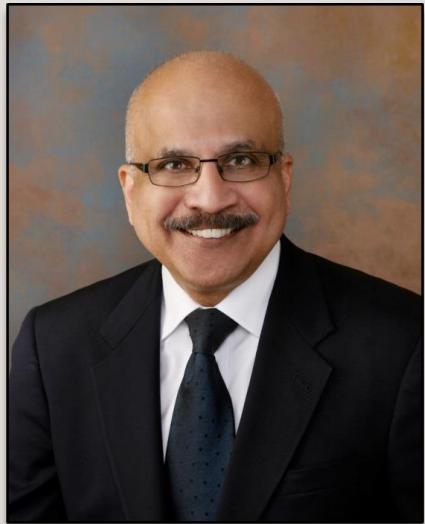
- How are marketplace trends impacting your hospital pharmacy?
- Could remote pharmacy models be successfully leveraged to enable initiatives at your hospital?
- Two hospitals share their experiences with expanding their pharmacy's reach and elevating patient care

Trends in the marketplace

- ✓ Doing more with less is the “new normal”
- ✓ Increased need for pharmacy-led, clinical programs to drive hospital cost savings initiatives, reduce readmissions and increase patient satisfaction
- ✓ Technology conversions driving negative impact to operating earnings
- ✓ Increased focus on retail strategy
- ✓ Personnel and project budgets are flat despite growing hospital administration expectations

Remote pharmacy services myths

1. Outsourcing costs more than hiring additional FTEs
2. Remote pharmacy services can only be leveraged through a long-term agreement vs. short-term need
3. We already have a 24/7 pharmacy so there is no need to consider remote services
4. Remote pharmacists are ‘generalists’ and will not be able to handle the complexity of our patient population



Dr. Bala S. Chandrasekhar
Chief Medical Officer
Methodist Hospital of Southern California
Arcadia, California



About Methodist of Southern California

- Founded 1903 in downtown Los Angeles; in Arcadia since 1957
- 348 licensed beds; 40 ICU beds; 12 ORs; 3 cardiac angiography suites
- 680+ medical staff; >90% Board Certified
- Fully accredited by The Joint Commission



About Methodist of Southern California

Focus on quality, safety and excellence:

5-Star Rating for Overall Hospital Quality
(Medicare 2016-2018)



Highest Quality Rating
From MEDICARE

Ranked in Top 1% in nation for patient safety
(SafeCare Group –2016-2018)



Distinguished Hospital Award for Clinical Excellence

Top 5% in nation
(HealthGrades - 2017)



Patient safety and quality strategic plan

Sustain position as one of the safest places in the nation to receive care

- Engage effectively with practitioners to reduce medical errors
- Expand clinical pharmacist role in patient education
- Optimize antibiotic stewardship program
- Expand medication reconciliation and discharge medication review
- Improve patient experience and HCAHPS scores

Pain points in pharmacy

- Increasing costs (operations and drugs)
- Flat HCAHPS scores for discharge instructions, patient understanding of medications
- Poor adherence to medication reconciliation
- Nursing responsibilities for patient education
- Minimal involvement of pharmacy staff in patient centered care
- Pharmacist resources underutilized



The challenge: “do more with less”

Reallocate pharmacy staff to support hospital initiatives

- Limited order entry/verification duties
- Pharmacist stationed at the main pharmacy vs on floors
- Limited interaction with patients and healthcare professionals
- Develop and train clinical pharmacist

The solution: leverage remote pharmacy

Supplement onsite pharmacy staff with remote pharmacy team

- Utilized 3 FTEs for coverage
- Scaled up as needed: coverage during short staffed months and PTO
- Remote pharmacists process 40% of the total monthly order volume
- Trained and transitioned onsite pharmacists to patient care units
- Monitor and track success of the clinical program

Results: clinical pharmacy metrics

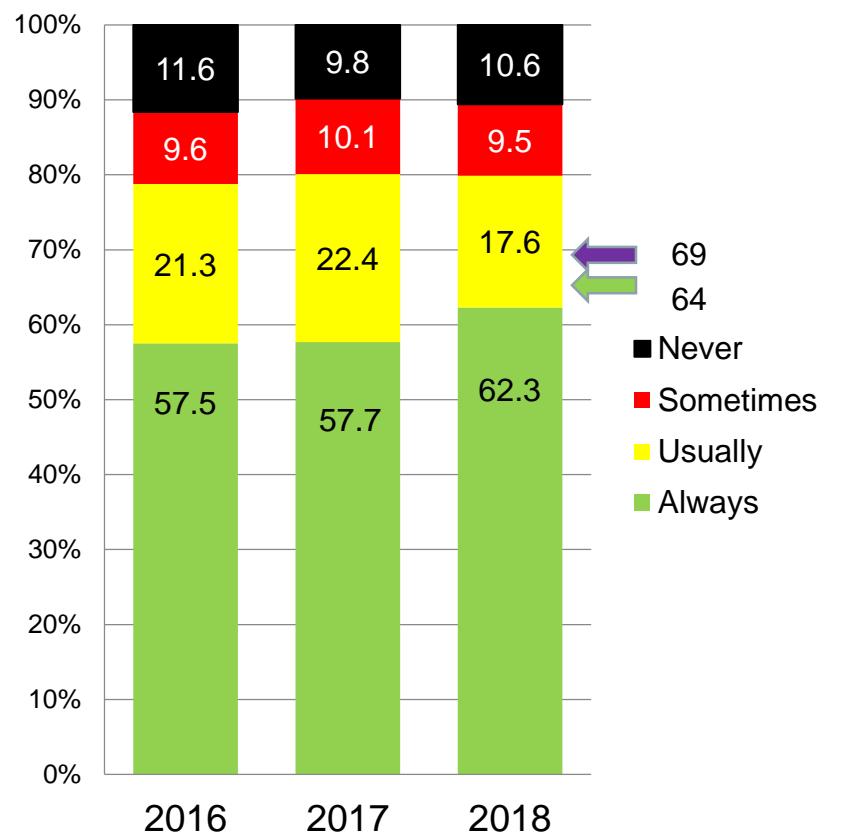
	Start of remote order entry Q1	Remote order entry + Clinical Q2
ASP/Antibiotic-related interventions	106	218
Anticoagulation-related interventions	62	162
Patient/family member counseling	NA	40
Drug-information provision to physicians, Nursing and patients on the floor	NA	105
CPOE assistance provided to MD/PA/NP	18	38
Discharge medications counseling	NA	37

- ✓ Increase in interventions
- ✓ Ability to increase interactions with patients and staff

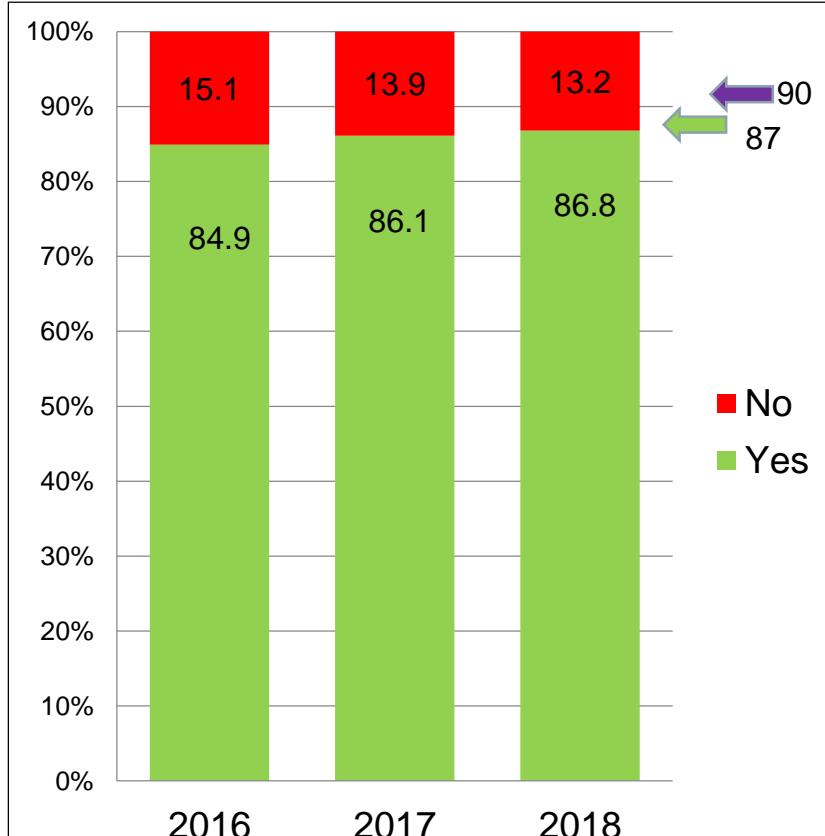


Results: HCAHPS scores

Communication about Medication



Discharge Information

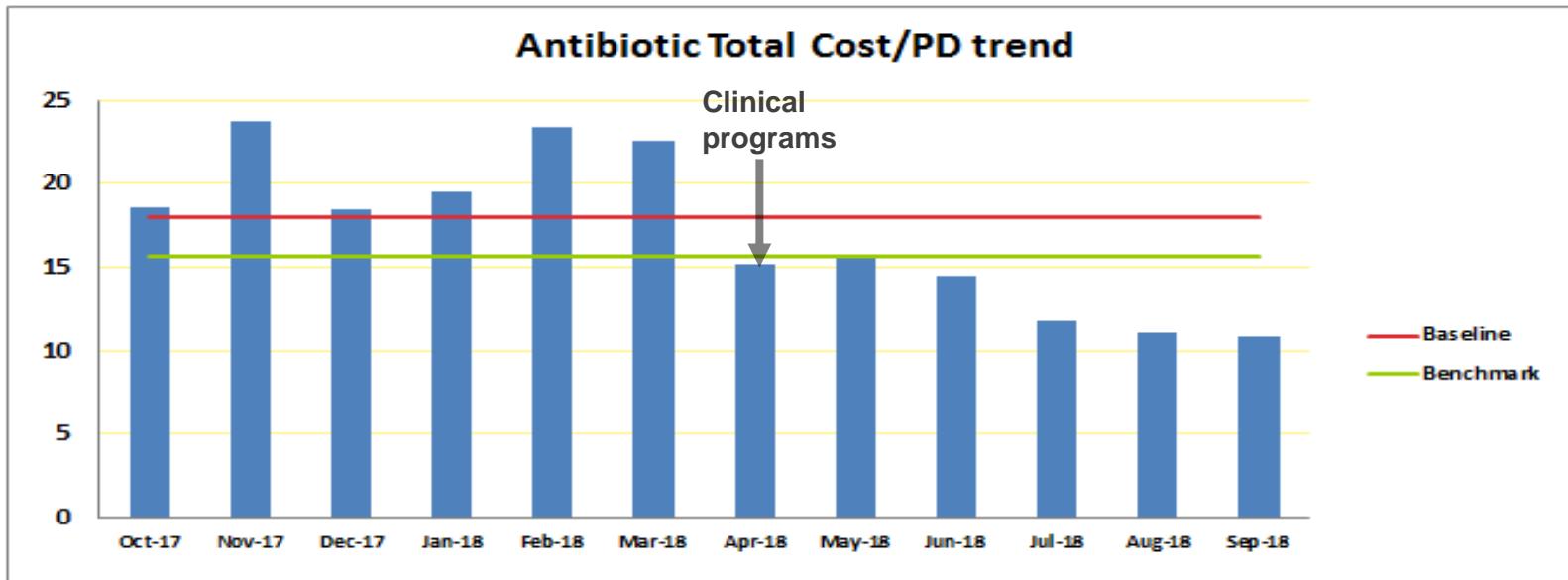


- Improved patient experience and HCAHPS scores in 2018

Results: antibiotics cost

AVG COST SAVINGS PER MONTH: \$41,923.33

- Approximately 32% cost savings per month for Antibiotics



Conclusion

Leveraging a remote pharmacy model enabled:

- ✓ Decreased drug costs
- ✓ Successful implementation of clinical pharmacists' programs
- ✓ Increased interaction with physicians, nurses and patients
- ✓ Increased clinical interventions
- ✓ Improved patient experience and HCAHPS scores



John Coggins
Director of Pharmacy
Mary Washington Hospital
Fredericksburg, VA



About Mary Washington

Mission

To improve the health of the people
in the communities it serves



Two-hospital system in Fredericksburg, VA

- Mary Washington Hospital (450 beds) and Stafford Hospital (100 beds)
- Level 2 trauma and NICU

Ranked in *US News World Report*

- Best hospitals in Washington metro area, # 6 in Virginia, # 3 DC metro area



The challenge

Staffing burden due to turnovers

- Retaining 2 pharmacists on night shift was difficult to maintain
- Recruiting difficulty due to location and proximity to DC

Needed staffing support for technology conversion (EPIC)

- Staff at capacity – challenge to free up pharmacists to take training and keep pharmacy running pre and post conversion

The solution

Leveraged remote pharmacy team to supplement on-site pharmacy staff

- Utilized remote pharmacy to process 65% overnight orders
- Transferred overnight order for Stafford to remote pharmacy
- Maintained one pharmacist on-site and supplemented with one remote pharmacist
- Used onsite pharmacist to do clinical consultation and manage on-site pharmacy



The solution

Leveraged remote pharmacy team to support EPIC conversion

Scaled up during EPIC conversion to ensure staff had time for training for cut-over and go-live dates

Increased pharmacist coverage

- **Pre-cut over:** Daytime coverage; two remote pharmacist
- **Cut-over day:** Six remote pharmacy staff and had on-site support from remote pharmacy director
- **Go-live weekend:** Day time coverage and evening coverage; two remote pharmacists; converted to one remote pharmacist on days through the month of conversion

Results

Patient and staff satisfaction

- Verification went from 70 min to average of 15 min (technology, RPS combined achieved this)
- Reduced staff feeling overwhelmed and overworked
- Solved for lean staffing challenges

Maintained productivity

- Ability to scale up or down depending on current needs

Financial savings

- Reduce the amount overtime dollars paid
- Estimated savings to date: \$26K





Kelly Morrison

Director of Remote & Retail Pharmacy Services
Cardinal Health
Houston, Texas



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

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

Thank you