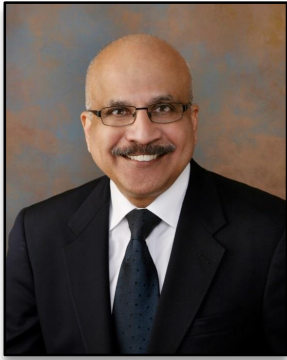


# **Expanding pharmacy services while controlling labor costs with remote pharmacy models**

November 8, 2018

# Featured speakers



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



**John Coggins**  
Director of Pharmacy  
Mary Washington Hospital  
Fredericksburg, VA



**Kelly Morrison**  
Director, Remote & Retail Pharmacy Services  
Cardinal Health  
Houston, Texas





## **Kelly Morrison**

Director of Remote & Retail Pharmacy Services

Cardinal Health

Houston, Texas



# Discussion overview

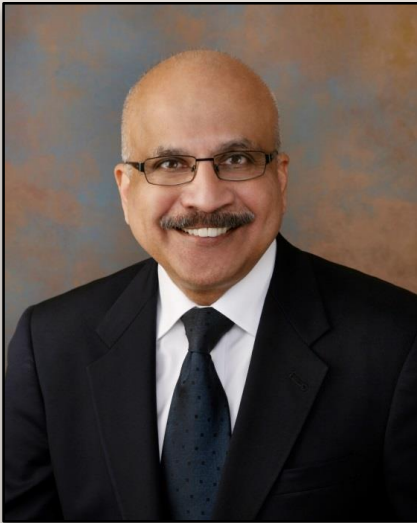
- How are marketplace trends impacting your hospital pharmacy?
- Could remote pharmacy models be successfully leveraged to enable initiatives at your hospital?
- Two hospitals share their experiences with expanding their pharmacy's reach and elevating patient care

# 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

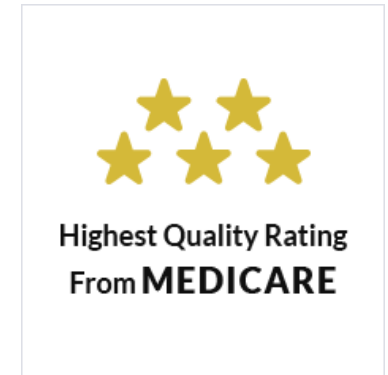




# About Methodist of Southern California

## Focus on quality, safety and excellence:

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



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

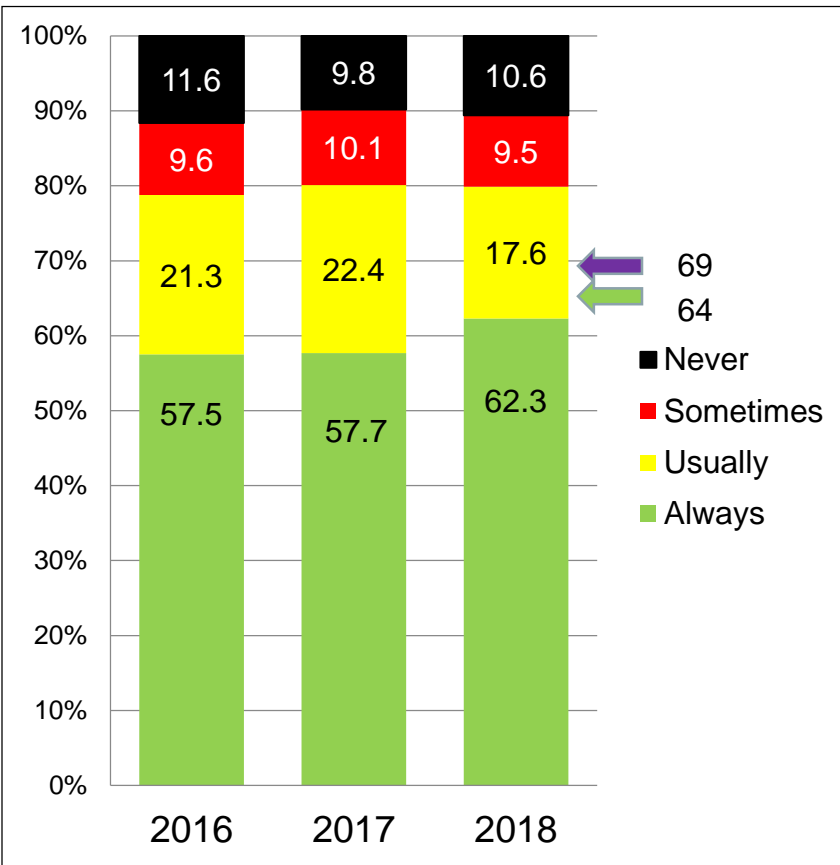
# Results: clinical pharmacy metrics

	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

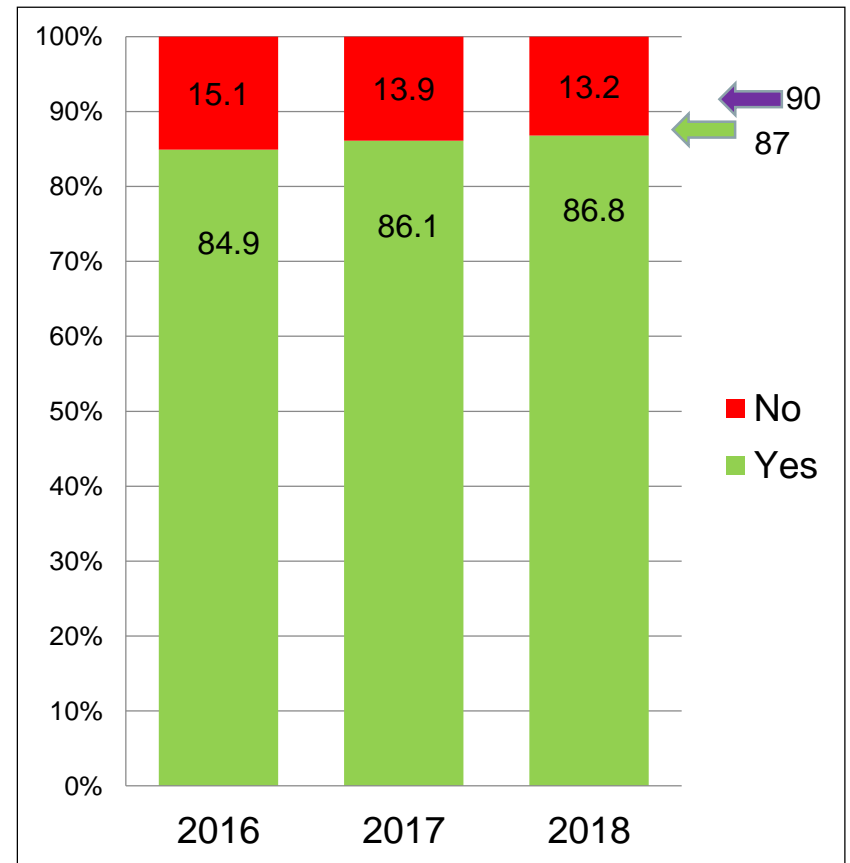
- ✓ Increase in interventions
- ✓ Ability to increase interactions with patients and staff

# Results: HCAHPS scores

## Communication about Medication



## Discharge Information

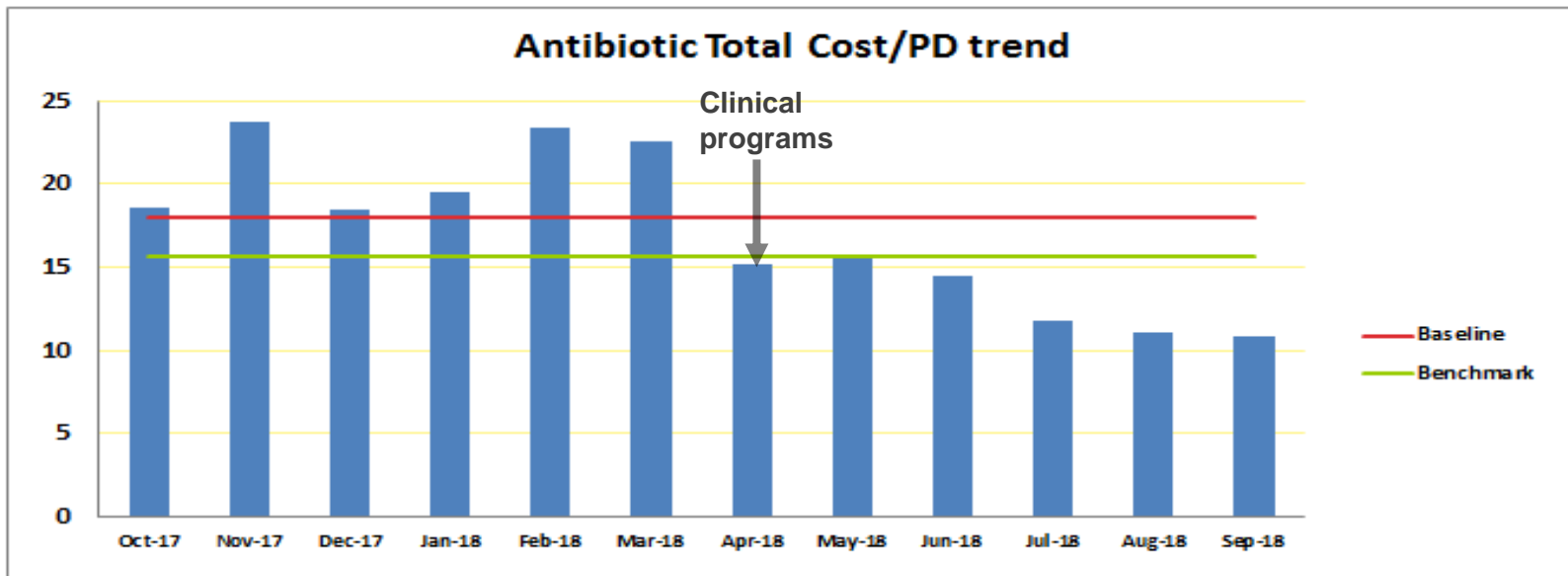


- **Improved patient experience and HCAHPS scores in 2018**

# 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**