Transitions of Care Tools Test Track

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Faculty Disclosure
• Dr. Ciccone has no actual or potential conflict of interest associated with this presentation
• Dr. Polomoff has no actual or potential conflict of interest associated with this presentation

Objectives

1. Recognize Transitions of Care (TOC) tools available for pharmacists

2. Demonstrate the clinical and operational value of TOC tools for pharmacists involved in care transitions

3. Simulate real-world application of TOC tools through patient cases

1. What are some barriers for successful TOC?

2. What are some possible solutions?

3. What would an ideal tool look like to facilitate TOC?

ASCP “Medication Safety During Transitions of Care (MSTOC) Toolkit”
MSTOC Toolkit: Table Of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
</tr>
<tr>
<td>2</td>
<td>The Transitions of Care Landscape</td>
</tr>
<tr>
<td>3</td>
<td>Medication Safety During Transitions of Care: Clinical Implications</td>
</tr>
<tr>
<td>3</td>
<td>Payers and Billing: Opportunities with Managed Care and other Entities</td>
</tr>
<tr>
<td>4</td>
<td>Technology: Empowering Best Practice Through Acquisition, Harmonization and Interoperability of Data</td>
</tr>
<tr>
<td>5</td>
<td>MSTOC Overview Webinar Slide Deck</td>
</tr>
</tbody>
</table>

Section 2: Medication Safety During Transitions of Care: Clinical Implications

2.5: Tools To Manage Medications Safely

| Part 2.5.1 | Anticoagulants |
| Part 2.5.2 | Hypoglycemics |
| Part 2.5.3 | Opioids |
| Part 2.5.4 | Psychotropics |
| Part 2.5.5 | Antibacterials |
| Part 2.5.6 | Narrow Therapeutic Index Medications |
| Part 2.5.7 | Anticholinergic/Sedation/Fall Risk Medications |
| Part 2.5.8 | Pharmacogenomics |

2.6: Tools To Improve Transitions of Care Processes

| Part 2.6.1 | Care Transitions Tools |
| Part 2.6.2 | Medication Reconciliation Tools |
| Part 2.6.3 | Medication Management Tools |
| Part 2.6.4 | Deprescribing Tools |
| Part 2.6.5 | Risk Screening Tools |

What are the ideal components of a discharge medication list?

Section 3: Payers and Billing: Opportunities with Managed Care & Other Entities

| Section 3.0 | Introduction |
| Section 3.1 | Medicare A through D & CMS Star Ratings for Plans |
| Section 3.2 | Understanding LTPAC 5 Star Ratings & How the Pharmacist Can Help |
| Section 3.3 | Payer-Driven Opportunities |
**Section 4: Technology: Empowering Best Practice through Acquisition, Harmonization and Interoperability of Data**

- Section 4.0 Introduction
- Section 4.1 Electronic Health Records (EHRs)
- Section 4.2 Health Information Exchanges (HIEs)
- Section 4.3 Medication Management Documentation System Companies
- Section 4.4 Healthcare Information Technology (HIT)

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**ASCP MED-PASS “Transitions of Care: Tools for the Senior Care Pharmacist”**

<table>
<thead>
<tr>
<th>Section</th>
<th>Managing High-Risk Medications During Transitions of Care</th>
</tr>
</thead>
</table>
| Section 1 | - Anticoagulants  
|          | - Antimicrobials  
|          | - Hypoglycemics  
|          | - Opioids  
|          | - Psychotropics |

<table>
<thead>
<tr>
<th>Section 2</th>
<th>Managing High-Risk Diseases During Transitions of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 3</td>
<td>Optimizing Medication Safety During Transitions of Care</td>
</tr>
</tbody>
</table>
| Section 3 | - Congestive Heart Failure  
|          | - Education  
|          | - Medication Coordination |

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**How would you counsel a patient on their discharge medication list?**

**What interventions can a pharmacist make to coordinate access to medications if patient is:**

1. Returning to the same community pharmacy  
2. Utilizing a mail order pharmacy  
3. Changing to a new community pharmacy  
4. Transitioning to an assisted living facility  
5. Transitioning to a long term care facility

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**Tools Test Track Case: Transition to Home**

- PMH: Anxiety, Diabetes, GERD, Urinary incontinence  
- Meds: Alprazolam 1mg BID, Lisinopril 20mg daily, Omeprazole 40mg daily, Oxybutynin 5mg TID, Ibuprofen 400mg TID PRN

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**Patient Case**

- PMH: Anxiety, Diabetes, GERD, Urinary incontinence  
- Meds: Alprazolam 1mg BID, Lisinopril 20mg daily, Omeprazole 40mg daily, Oxybutynin 5mg TID, Ibuprofen 400mg TID PRN
References
  • AGS Deprescribing Toolkit
    • GeriatricsCareOnline.org (requires login)
  • ASCP "Medication Safety During Transitions of Care (MSTOC) Toolkit"
    • https://www.ascp.com/page/mstoc
  • ASCP MED-PASS "Transitions of Care: Tools for the Senior Care Pharmacist"
    • https://www.ascp.com/page/med-pass
  • Benzodiazepine Tapering-Off Program
    • http://www.universityofalberta.ca/healthpromotion/services/pain/benzodiazepine_tapering_off
  • CancelRx, RxChange, and Dispense History
    • https://surescripts.com
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  • VIONE test
    • https://academic.oup.com/ajhp/article/75/8/502/5102087

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