

Scripps Health

- Not-for-profit healthcare system established in 1924
- 2,500,000+ annual patient encounters
- 2600 affiliated physicians
- 5 acute care hospital campuses
- 26 ambulatory care facilities
- Home health agency
- \$2.45 billion annual budget

Target Population

- 20,215 Medicare FFS admissions in 2010 (~30% of total)
 - 75% eligible for CCTP based on RCA
 - 65% of admissions over 180 days unique individuals



9,877 admissions
eligible annually
for CCTP at
Scripps

Inpatient Navigator

- 85% of CCTP patients (51% sole intervention; 34% multiple)
- Novel position born out of Scripps' Care Management Redesign QI project:
 - 1 part Case Manager--'standard' discharge planning (not part of blended rate) with an emphasis on care coordination:
 - Perform detailed risk-assessment on patients deemed to be at high-risk for readmission by the care-team (C.O.P.?)
 - Ensure prompt mobilization of necessary ancillary providers (i.e. PT/OT, dietitian, diabetes RN educator)
 - 1 part Care Transitions Specialist-- beyond the C.O.P.
 - Initiate interventions designed to mitigate risk of readmission

SDCTP Interventions

- Inpatient Navigator Risk Mitigation Strategies:
 - Assess barriers to learning including literacy and other language barriers
 - Reinforce disease specific education using teach-back
 - Ensure patients have at least one follow up appointment scheduled prior to discharge
 - Post-discharge phone calls for patients not receiving MTM or CTI
 - Warm hand-off to SNF case manager/discharge planner
 - Ensure prompt transmission of discharge summaries to PCPs and specialist physicians

SDCTP Interventions

MTM Pharmacist

- High-level pharmacy intervention for patients at increased risk for adverse drug events (ADE):
 - Poly-pharmacy
 - High risk medications (i.e. Lovenox, insulin, coumadin)
 - Admission caused by ADE
- 28% of CCTP patients (15% sole intervention; 13% with IN + CTI)
- Assess barriers to compliance with prescribed Rx
 - lack of \$\$
 - No ride to pharmacy
 - Side effects
- Provide patient education using teach-back

MTM Pharmacist

- Resolve pharmacy-specific barriers to discharge:
 - Optimize affordability and convenience of administration
 - Utilize low-cost generics
 - Assess coverage under various insurance plans
 - Arrange prior-authorization
 - Initiate patient assistance program applications
- Simple, comprehensive discharge medication list
- Follow up with patients during 30 days post-discharge via phone and/or home visit

MTM Pharmacist

 Scripps Memorial
Hospital Encinitas

MY MEDICATION LIST - PILOT

as of 7/27/11
(Date)

What am I taking? Medication Name Generic (Brand)	Why? Purpose of Medication	How do I take?		When to Take?				Special Instructions
		Dose	Route	Morning	Afternoon	Evening	Bedtime	
simvastatin (Zocor)	cholesterol	20 mg	oral			1 tablet		
omeprazole (Prilosec)	heartburn	40 mg	oral	1 tablet				Swallow whole, do not crush
Aspirin	prevent blood clot	81 mg	oral	1 tablet				Take with full glass of water
metoprolol (Toprol XL)	heart rhythm	12.5 mg	oral	1/2 tablet		1/2 tablet		1/2 of 25 mg tablet; with food
lisinopril (Prinivil)	heart failure	5 mg	oral	1 tablet				

CTI

- 25% of Scripps CCTP patients
- Hospital visit
- Home visit within 48 hours of discharge
- 4 pillars
- Weekly follow-up phone calls
- Referral for Care Enhancement

CTI Care Enhancement

- 12% of Scripps CCTP patients
- 47% of Scripps patients receiving CTI
- Partnership with AIS
- Complex social-service plan in conjunction with standard CTI

Conclusions

- Proud to be part of this collaborative
- Building value in healthcare
 - Increasing quality
 - Decreasing costs
- Future opportunity for meaningful clinical research in care transitions