

Senate Health and Welfare

March 12, 2014

Testimony of Jill Olson, VP of Policy and Legislative Affairs

Vermont Association of Hospitals and Health Systems

### **Summary of Activity to Date on S.63-Inspired Hospital/Pharmacy Collaboration**

Participants: Marty Iron (Beauchamp and O'Rourke Pharmacy), Melanie Blais (Pharmacy Intern) Jocelyn De-Paolis-Thivierge (Montpelier Pharmacy), Anthony Otis and Theo Kennedy (Otis and Kennedy), Laura Hubbell (CVMC), Nancy Cota (RRMC), Renee Mosier (Porter Medical Center), Patrice Knapp (VPQHC), Jill Olson (VAHHS)

#### **Summary of Kick-off Meeting**

**August 29, 2013**

Pharmacists summarized what they are asking hospitals to provide. They want the medication discharge summary lists to use as part of their efforts to reconcile medications for their patients. Their interest is in the medication discharge list provided to patients and other providers. They are not asking for the full discharge summary.

Hospital discharge planners shared the concerns they heard from hospitalists. Some hospitalists were concerned that the list would be used as a "gold standard." They also wondered how changes to medications from PCPs would be incorporated.

The pharmacists clarified that they are using the medication discharge summary list as a reference point to compare with the patient medications already in their systems. Generally if more than 24 hours has elapsed from discharge and the pharmacist has a prescription question, they call the PCP.

The hospital discharge planners recommended that their process for sharing information with pharmacies follow the same process as for sharing information with other providers. For CVMC that would mean communication by fax. For RRMC hospital, that would mean providing the pharmacist with access to the patient electronic medical record. Both agreed to seek approval from their hospitals to pilot sharing medication discharge summary lists with the participating pharmacies.

The end of the meeting focused on the important role pharmacists might play in medication reconciliation. There was also discussion of how the pilot might be "spread" if successful. Patrice Knapp noted that the hospital transition of care projects already underway do not include a pharmacist component, but that might be an area to explore further. She also suggested developing some specific success measures. The group brainstormed on success measures for a while, but agreed there was more research to do. There was some discussion about the pros and cons of outcome measures vs. process measures. Patrice suggested that even a very basic measure -- like how often the pharmacist received the medication discharge summary list -- would be important. The group also considered a satisfaction survey for hospitalists.

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### **Subsequent Activity as of March 11, 2014**

The group attempted to meet again in the late fall, but unfortunately the individual pharmacists were not able to attend, although Theo Kennedy participated. One challenge to calendaring meetings is that the hospital discharge planners and VAHHS representatives need to calendar things in advance but the pharmacists need to prioritize the patient care needs of their pharmacies, which can be hard to predict in advance. However, the project has moved forward.

Via email, VPQHC proposed some possible success measures. Most of the data collection would have happen in the pharmacies. The pharmacists are reviewing the measures.

CVMC has incorporated “pharmacy” onto the discharge instruction sheet that goes home with patients and is shared with primary care physicians. The discharge planners are asking patients during the initial screen who they use for a pharmacy. This sheet will be populated with the correct pharmacy. For pharmacies interested in receiving the discharge medications, the hospital is faxing a copy of the discharge medications to the pharmacy at the time of discharge. This is a relatively new development so it is too early to report on how well the process is working.

RRMC’s approach is based on their new electronic health record. In the Spring, they will go live with a new electronic system for communicating with providers outside the hospital. They are starting with primary care physicians. Hospital officials estimate that they can add pharmacy to the roll out in the Fall.