

# Changing the Standard of Care

# Bedside Discharge Prescriptions

# Improves Patient Care

HackensackUMC partners with Cardinal Health to develop a leading-edge bedside prescription concierge service aimed at improving post-discharge outcomes.

## **The Challenge:** painting the vision for a new model of care

As a recognized leader for innovation in healthcare delivery, Hackensack University Medical Center (HackensackUMC) has a tradition of implementing new programs to raise the standard of healthcare. It is this culture of continuous improvement that has fueled the creation of a successful and expanding bedside discharge prescription program.

For HackensackUMC, the bedside discharge prescription program was originally designed for cardiac patients post-surgery. “We’re acutely aware of healthcare reforms that are tying reimbursement to outcomes and measures of patient satisfaction,” says HackensackUMC’s Division Chief for Cardiac Services Dr. Louis Teichholz. “We initially requested this service because of the critical need for post-discharge medication compliance by our [cardiac] stent patients; we knew they’d end up back in the hospital if their medical therapy was interrupted.”

As head of HackensackUMC’s cardiac services, Dr. Teichholz was optimistic that a relatively simple concept — helping to ensure there’s no delay or interruption in anticoagulation medication therapy following discharge — could reduce the risk of readmission for patients who had received cardiac stents.

### **About HackensackUMC**

Hackensack University Medical Center (HackensackUMC) is a 775-bed non-profit teaching and research hospital in Bergen County, New Jersey:

- Largest provider of inpatient and outpatient services in the state
- Listed as the #1 hospital in New Jersey and one of the top four New York metro area hospitals by *U.S. News & World Report*
- Named one of America’s 50 Best Hospitals by HealthGrades™
- Recipient of 19 Gold Seals of Approval™ by The Joint Commission
- First hospital in New Jersey and second in the nation to become a Magnet® recognized hospital for nursing excellence



**Patients may not be compliant with their discharge medications for a number of reasons, explains Dr. Teichholz:**

Patients are often discharged late in the day, and often not able to make the extra stop to fill a prescription on the way home.

Patients don't understand the importance of the medication or they are fearful or uncertain about potential side effects.

Sometimes the patients medications stay the same, yet the dosing regimen changes post-discharge, and patients may not understand the importance of making those switches.

The patient's health plans may not cover a particular drug; with the concierge program, medication substitutions can be made with prescribing physician approval before the patient leaves the hospital.

Some patients cannot afford a medication, for example the cost of a brand-name drug — with the concierge program, generic substitutions can also be made with prescribing physician approval before the patient leaves the hospital, as well as obtaining access to patient assistance programs from drug manufacturers.

Dr. Teichholz presented his vision for a bedside discharge program to the pharmacy team at HackensackUMC, which was quick to respond.

*“We're acutely aware of healthcare reforms that are tying reimbursement to outcome and measures of patient satisfaction. We initially requested this service because of the critical need for post-discharge medication compliance by our [cardiac] stent patients; we knew they'd end up back in the hospital if their medical therapy was interrupted.”*

**Louis Teichholz, M.D.**  
Division Chief for Cardiac Services,  
HackensackUMC

## **Background:** a convergence of drivers for improving the quality of care

Post-discharge outcomes are an increasing focus for hospitals and health systems, which are challenged with improving patient outcomes as care transitions outside their hospital's walls. To date, the most effective way to improve patient outcomes and reduce readmissions to the hospital is by ensuring patients understand the importance of their medications and any potential side effects, and that they have access to the medications.<sup>1</sup>

As a result, improving patient outcomes — and tying financial reimbursements to quality results — is a common approach behind many healthcare reform initiatives and can have a significant financial impact to hospitals.

After reviewing data on patient readmissions, Medicare announced that it would penalize hospitals' reimbursements for patients who readmit within 30 days for certain conditions. In 2012, hospitals were penalized up to one percent of their total reimbursement for having too many 30-day readmissions for three conditions: myocardial infarction, heart failure and pneumonia. The program will expand to include other conditions, and by 2014, non-compliant hospitals can face up to a three percent loss of reimbursements.

In addition, healthcare reform also ties a portion of quality-based financial incentives through Medicare's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, which measures patient satisfaction on a variety of areas, including education about discharge medications.

While reimbursements tied to outcome and quality measures are relatively recent, hospitals have long recognized the advantages of improving the coordination of care. A substantial portion recognize that lack of medication adherence is one of the greatest barriers to overcome in reducing readmission rates.<sup>2</sup> A recent study has shown that about 50 percent of patients cannot recall discharge orders; of these, 70 percent will likely be readmitted.<sup>3</sup>

A recent study has shown that about **50% of patients** cannot recall discharge orders; of these, **70% will likely be readmitted.**<sup>3</sup>

## The Solution: the bedside discharge prescription concierge program

HackensackUMC partners with Cardinal Health to manage its outpatient pharmacy, which serves both employees and discharge patients. Developing a bedside prescription concierge service fell to Cardinal Health Operations Manager of Outpatient Pharmacies, Naveen Mansukhani.

Collaborating closely with Dr. Teichholz, Mansukhani outlined critical success factors for the bedside discharge program: it must not delay or interfere with the workflow for patient discharges, and it must be easy for patients to participate.

According to Mansukhani, “We knew that the program would only succeed if we did not delay discharge, if we gained a high degree of cooperation with the nursing team, and if we were sure to resolve procedural issues like prior authorization requirements, appropriate drug substitutions, and even financial obstacles on the part of patients. So we did all we could to foresee and manage these challenges.”

To implement this service, Cardinal Health deployed a dedicated pharmacy technician to the patient care areas to participate in morning rounds each day. The technician is informed of all planned patient discharges for the day, and visits each patient to explain the program and allow the patient to choose to participate. If the patient agrees, the technician expedites the filling of discharge prescriptions and delivers them to floor nurses, who then deliver both the medications and the needed education to patients. The technician carries a mobile tablet for obtaining necessary signatures electronically as well as prescription copayments.

Cardinal Health pharmacy technician Fallon Curry has been dedicated to the bedside discharge prescription program since its inception. “While coordinating the timing and delivery of bedside discharge prescriptions is a challenge, it’s very rewarding, too. It sends a message that we care about the patients,” Curry said.

Weekly reporting back to nursing provides an ongoing means to communicate successes and proactively address issues, notes Mansukhani.

**The average time to fill these prescriptions is about 20 minutes, and no discharges have been delayed as a result.** In addition, the outpatient pharmacy also manages any needed prior authorizations or drug substitutions. When drug cost presents an obstacle, the program leverages Patient Assistance Programs available from drug manufacturers and/or seeks to reconcile lower-cost alternatives with physicians — all before the patient leaves the hospital.

As a result, the patient leaves the hospital with medications in-hand, without having to make any stops along the way home, and is able to take the medications without delays or interruptions.

“This is an extraordinarily important program for us,” says HackensackUMC’s Director of Pharmacy Nilesh Desai. “It’s clearly a better way to provide medications and ensure their proper use, and it’s placing the pharmacy team on the patient floors as an increasingly important part of the medical team. I believe this helps to unlock the value that the hospital pharmacy brings to the system.”

“We — both HackensackUMC and Cardinal Health — believe not only that this will become part of the standard of care,” notes Mansukhani, “but that it will produce better outcomes, reduce costs and improve both patient and caregiver satisfaction.”

*“This is an extraordinarily important program for us. It’s clearly a better way to provide medications and ensure their proper use, and it’s placing the pharmacy team on the patient floors as an increasingly important part of the medical team. I believe this helps to unlock the value that the hospital pharmacy brings to the system.”*

**Nilesh Desai, R.Ph, M.B.A.**  
Director of Pharmacy,  
HackensackUMC

### Linking reimbursements to outcomes and patient satisfaction

According to CMS, about **1 in 5** Medicare patients — a total of about **2.6 million** people annually — are currently readmitted to the hospital within **30 days of discharge**. This is responsible for **\$26 billion** in annual costs.

## The Results: an “irreversible change” in the standard of care

The bedside discharge prescription program for HackensackUMC’s cardiac patients initiated in May 2011, and quickly gained enthusiastic participation from the nursing team, according to Nurse Manager Patricia Orlak.

“We were a bit skeptical at first, since we were concerned about the potential addition of new responsibilities,” explains Orlak. “But once nurses saw the process in action they realized the enormous potential impact on the quality of care. The pharmacy also made this extremely simple for us — all we have to do is pass along the discharge prescriptions. I think this program represents a significant change in our standard of care.”

Since its implementation, 94 percent of patients have elected to participate in the program, representing nearly 4,000 prescriptions filled by the outpatient pharmacy. In addition, while the service transfers prescription refills to the patient’s selected community pharmacy, about 40 percent of participants are returning to HackensackUMC for their refill medications, as well.

The HackensackUMC team is confident of the program’s potential to favorably impact both the 30-day readmission rates and its HCAHPS ratings — both factors that will improve HackensackUMC’s reimbursements.

In addition to its impact on quality and cost, the program also reinforces HackensackUMC’s leadership and record of innovation. According to Orlak, “This program is helping to make HackensackUMC more of a one-stop shop for meeting patients’ needs, and that aligns perfectly with our philosophy of delivering patient-centered care.”

“The healthcare model is changing from a reactive to a proactive role,” says HackensackUMC’s Patient Safety Administrator Robert Fakelmann. “We have a readmission reduction team in place, and the bedside discharge program is greatly facilitating this shift to

a proactive approach. When patients are in the hospital, they’re at their most vulnerable — we need paradigm shifts like bedside services to change how we deliver care and provide them all the services we can.”

*“We were a bit skeptical at first, since we were concerned about the potential addition of new responsibilities. But once nurses saw the process in action they realized the enormous potential impact on the quality of care. The pharmacy also made this extremely simple for us — all we have to do is pass along the discharge prescriptions. I think this program represents a significant change in our standard of care.”*

**Patricia Orlak, M.S.N., R.N.**  
Nurse Manager,  
HackensackUMC

94%

of patients have elected to participate in the program.

4,000

prescriptions filled by the outpatient pharmacy.

40%

of participants are returning to HackensackUMC for their refill medications.

## Taking the next steps: a model for delivering high-quality care

Because of its many benefits, both to improving patient outcomes and reducing readmissions, many hospitals are considering launching a bedside discharge prescription program, notes Desai. For those considering the best approach, he offers the following advice: “It requires an immense amount of coordination, and dedicated resources, to be successful in rolling out a bedside discharge program. You will need to plan on making changes as you implement, and learn what works best for your organization. Lastly, having automation available,

such as tablet computers, should be considered essential to any bedside concierge service.”

Dr. Teichholz adds to this advice: “You need both a champion in the hospital, and a successful pilot program. Cost is always a factor in every decision, yet it is well worth the effort. We would like to extend this program to every hospital patient at discharge,” he adds. “It meets every parameter for delivering the highest-quality of care.”

# Future of healthcare: expanding into ACO models

Based on its success with cardiac patients, the bedside prescription discharge service was expanded first to the hospital's Mother and Baby unit in October 2012 with the primary goal to increase patient satisfaction.

Shortly thereafter, the program was further expanded to serve HackensackUMC's ACO Alliance patients.

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and/or other health care providers who collaborate to ensure that Medicare patients, especially the chronically ill, receive high-quality care; and in turn, the providers share in the savings it achieves for the Medicare program.

"With its potential to improve the quality of care, to help control costs by reducing the risk of losing Medicare reimbursements, and to improve patient satisfaction, this was an ideal program for our Accountable Care Organization," says Denise Patriaco, HackensackUMC's manager of care coordination.

"While the concept of bedside service is straightforward, expanding the program must be managed carefully," says Mansukhani. "First, it requires a close level of collaboration with the nursing team. Next, implementation needs to be customized according to the needs of different groups of patients. We learned a lot when we went beyond recently stented patients to the larger cardiac population, and then to the mother-baby environment, and now to the ACO Alliance."

Mansukhani notes that when the program was expanded, they quickly realized there are tremendous efficiencies in workflow by adjusting the pharmacy technician's schedule based on the varying discharge schedules from unit-to-unit — as coordination with discharge schedules is essential for this program's success.

*"We had already begun reaching out to high-risk ACO patients to improve communication and follow-through, and we saw the potential to also increase medication compliance. This bedside discharge program is an integral fit with our expanding efforts to evaluate medication compliance and improve the coordination of care."*

**Denise Patriaco, M.S.N., R.N.**  
Manager of Care Coordination,  
HackensackUMC

Patriaco notes: an example of high-risk patients for this initiative are those with more than four co-morbidities, more than seven ongoing medications, more than two recent visits to the Emergency Department or hospital admissions, and/or those with diabetes. "This bedside discharge program is an integral fit with our expanding efforts to evaluate medication compliance and improve the coordination of care."

## About Cardinal Health

Headquartered in Dublin, Ohio, Cardinal Health, Inc. (NYSE: CAH) is a \$108 billion healthcare services company that improves the cost-effectiveness of health care. As the business behind healthcare, Cardinal Health helps pharmacies, hospitals, ambulatory surgery centers and physician offices focus on patient care while reducing costs, enhancing efficiency and improving quality. Cardinal Health is an essential link in the healthcare supply chain, providing pharmaceuticals and medical products to more than 60,000 locations each day. The company is also a leading manufacturer of medical and surgical products, including gloves, surgical apparel and fluid management products. In addition, the company supports the growing diagnostic industry by supplying medical products to clinical laboratories and operating the nation's largest network of radiopharmacies that dispense products to aid in the early diagnosis and treatment of disease. Ranked #19 on the Fortune 500, Cardinal Health employs more than 30,000 people worldwide. More information about the company may be found at [cardinalhealth.com](http://cardinalhealth.com) and @CardinalHealth on Twitter.

### Sources:

<sup>1</sup>"The Adherence Estimator," Colleen McHorney; US Outcomes Research, Merck & Co., Inc.; 2009

<sup>2</sup>The Burden of Chronic Disease on Business and U.S. Competitiveness, 2010; Partnership to Fight Chronic Disease

<sup>3</sup>Are Engineered Hospital Discharge Programs Decreasing Re-hospitalization, 2009; Centers for Medicare and Medicaid

© 2013 Cardinal Health. All rights reserved. CARDINAL HEALTH, the Cardinal Health LOGO and ESSENTIAL TO CARE are trademarks or registered trademarks of Cardinal Health. All other marks are the property of their respective owners. Lit. No. 1ACP11684 (09/2013)



[cardinalhealth.com](http://cardinalhealth.com)

Cardinal Health  
7000 Cardinal Place  
Dublin, Ohio 43017

1.877.300.9180