

Meds to Beds

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Improving Care Through Hospital Based Outpatient Pharmacy Services

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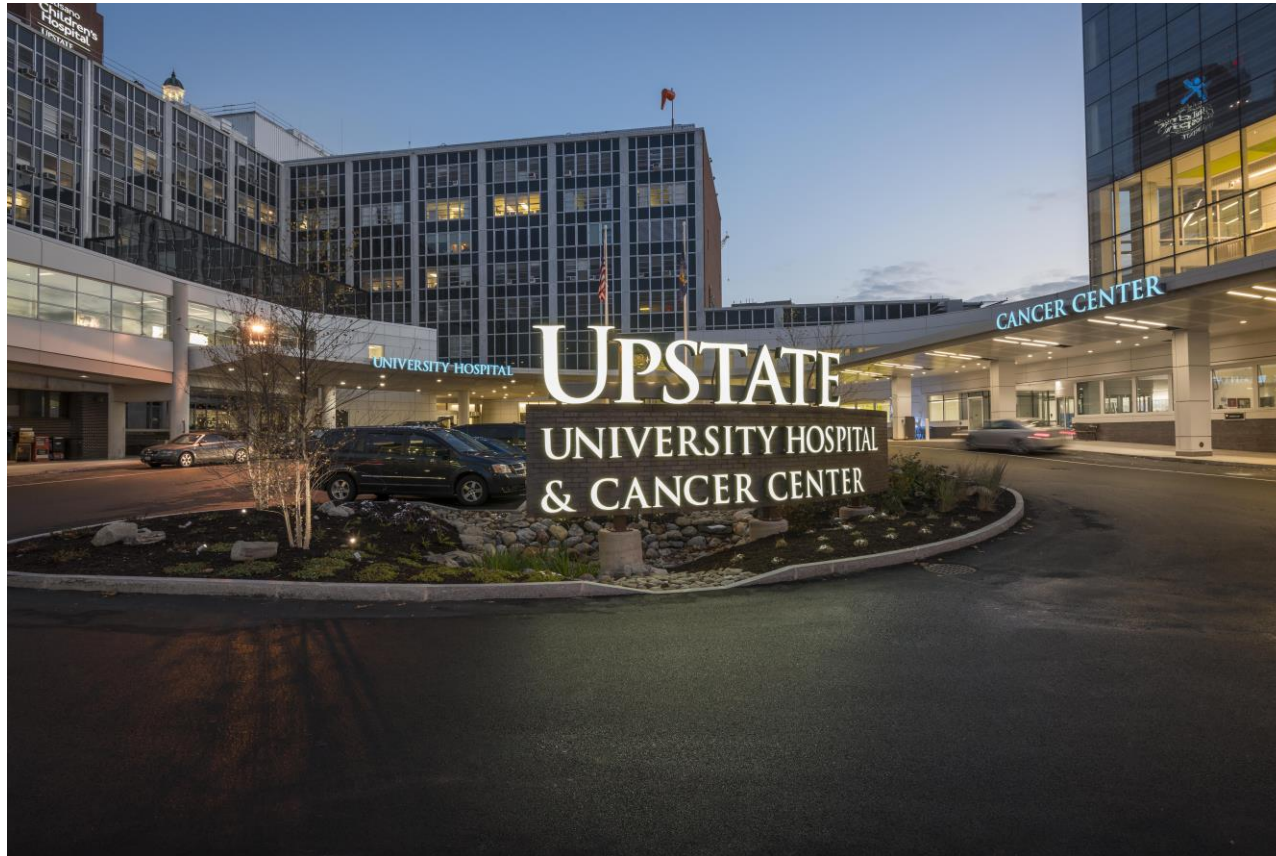
Upstate University Hospital
Syracuse, NY

Disclosures

- I have no conflicts of interest to disclose
- I will not intentionally discuss the off-label use of medications

Learning Objectives

- Identify medication related factors that impact successful hospital to home transitions
- Describe the forces leading to establishment of a hospital based outpatient pharmacy
- Itemize key elements to creating a successful OPRX
- Explain the various benefits of a hospital-owned OPRX



735 Bed
1 Hospital
2 Campus
473 Bed AMC
17 Counties
1.8 million lives

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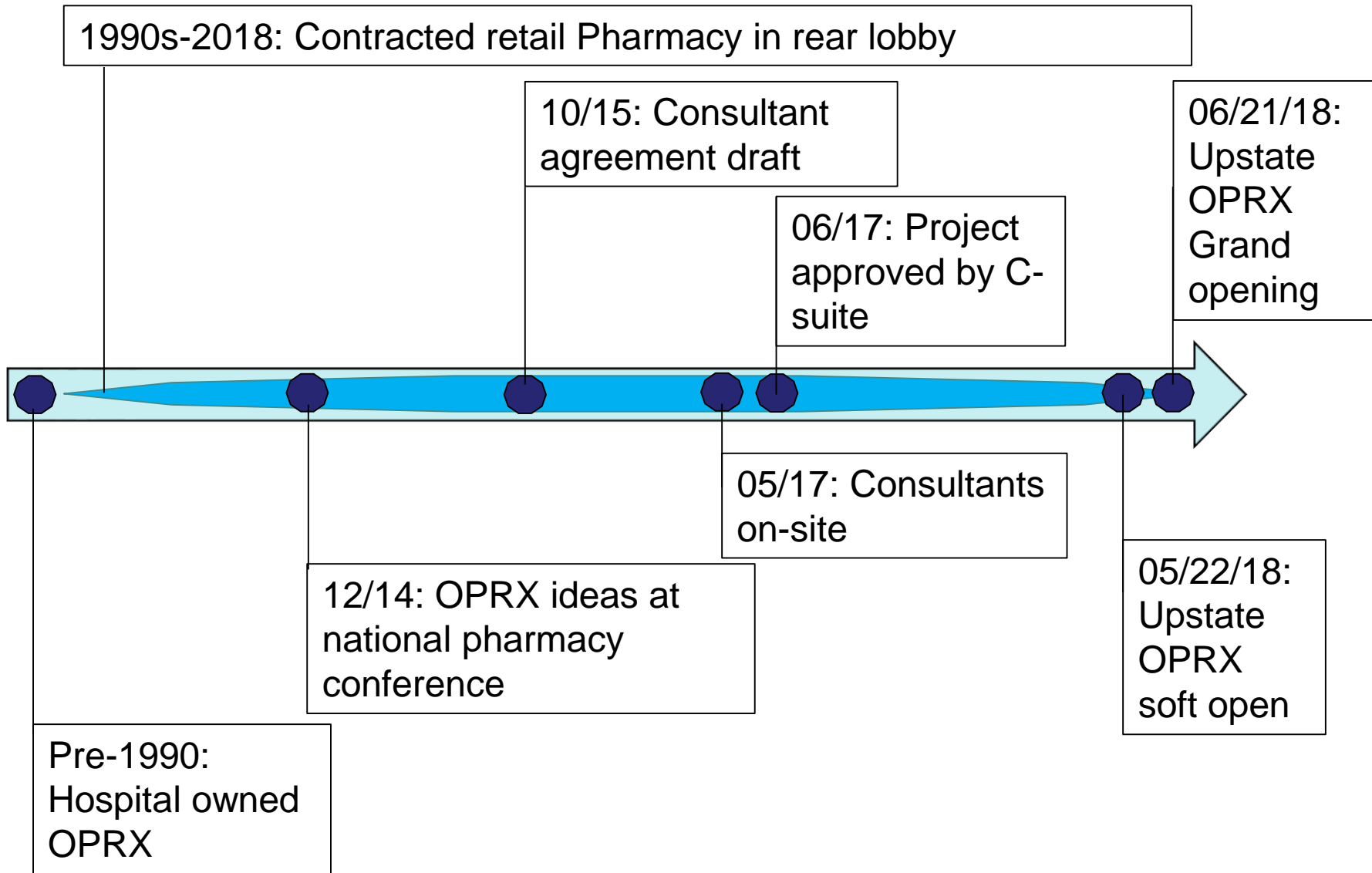
UPSTATE
UNIVERSITY HOSPITAL

Hospital to Home Transitions

- Complex discharge instructions
- Stopping at a pharmacy on the way home
 - Stockouts, shortages
 - Prior authorization requirements
 - Affordability of prescription
 - Incomplete, unclear, conflicting Rx info
- Non-fills or non-compliance leads to readmission

Why Establish a Hospital Owned OPRX?

- Continuity
 - Meds to Beds
 - Integrated Team
 - EMR Access
- “Keeping it in the system”
- Revenue potential
 - Evolve to specialty Rx



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If you build it,
they will come ...

... but brick
and mortar is
not enough



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Elements of a Comprehensive OPRX

- Medication prior auth service
- Medication assistance team
- Cross trained pharmacy techs
- Meds to beds staff
- Outpatient/retail pharmacists
- Integrated pharmacy team, transitional care pharmacist

Medication Prior Auth Service

- 6 FTEs, mostly Pharmacy Techs
- Approached “high value” clinics to unburden clinic staff, improve efficiency and potentially generate OPRX traffic by offering first refusal
- Began January 2018 **before opening** OPRX
- Oncology→Immune→PedsPulm→Neurology
- **Result: Strong rapport and clinic acceptance**

Medication Assistance Team

- 2 FTEs initially: Pharm Tech, LPN
- CF, Hemonc, Case Managers
- Began January 2018 **before opening OPRX**
- \$19k 1x, 45k annual savings over 1st 6 months
- 836k annual savings in FY18-19

How the Upstate pharmacy saved him **\$20,537.14**

BY AMBER SMITH

HE WENT THROUGH A SERIES of imaging tests, looking for an explanation for the pains in his stomach. After all the scans were complete, doctors delivered the news to Reginald Sanford of Syracuse. He had cancer in his liver and also outside of his liver. Surgery would not work, but medication might slow the growth and spread of the cancer inside his liver.

They wanted to prescribe Nexavar, a drug with a price tag of more than \$20,000 per month.

"It totally blew my mind. I told them there's no way I could come up with that. I ain't got that kind of money. I'm retired. I've only got \$1,000 a month. How am I going to come up with that?"

Sanford says one of his doctors consulted with someone from the Upstate Outpatient Pharmacy.

Two days later, he got a phone call from a pharmacist. "Mr. Sanford," he recalls the voice saying, "I've got some good news for you."



Heidi King with Reginald Sanford at the Upstate Outpatient Pharmacy. King found programs and grants to pay for Sanford's cancer medication.

PHOTOS BY ROBERT MICKRAGE

"First of all, you don't have to pay a penny for your Nexavar. And the other good news is, we're going to get it out in the mail to you."

Medication assistance coordinator Heidi King explains that after Sanford's Medicare coverage and personal health insurance coverage paid their portions, the remaining cost was going to be \$970 for a one-month supply. She was able to enroll Sanford in an income-based New York state program called EPIC – for Elderly Pharmaceutical Insurance Coverage – which would pay \$950. Then she located an endowment fund that would chip in \$20.

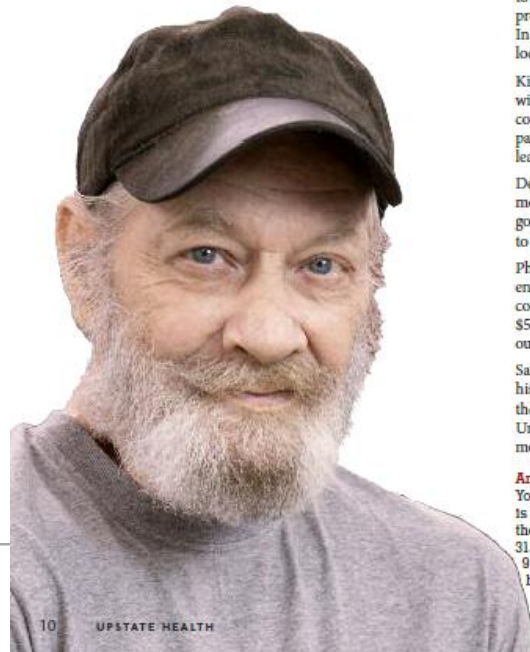
King says "a lot of patients need financial help, especially with these types of medications." Together with a colleague, her job is to help locate funding sources, particularly for patients whose prescription coverage leaves them with a huge copay.

Depending on each patient's situation, she may find money through a foundation, a drug manufacturer or a government program. "The majority of the time, we're able to get it down to a price that they can manage," King says.

Pharmacist Eric Balotin, associate director of pharmacy enterprise, says, "We are always looking for ways to reduce copays and out-of-pocket expenses, whether it is \$1,000 or \$5. Our goal is to make the medications affordable to all our patients."

Sanford believes he is doing well and that the cancer inside his liver is under control. He realizes the day will come when the cancer outside of his liver will cause problems for him. Until then, Sanford dutifully takes two Nexavar pills in the morning and two at night. •

Anyone can use the Upstate Outpatient Pharmacy. You do not have to be a patient at Upstate. The pharmacy is between the Upstate University Hospital lobby and the Upstate Cancer Center and can be reached at 315-464-3784. It's open 8 a.m. to 6 p.m. weekdays and 9 a.m. to 2 p.m. weekends and is closed on major holidays.



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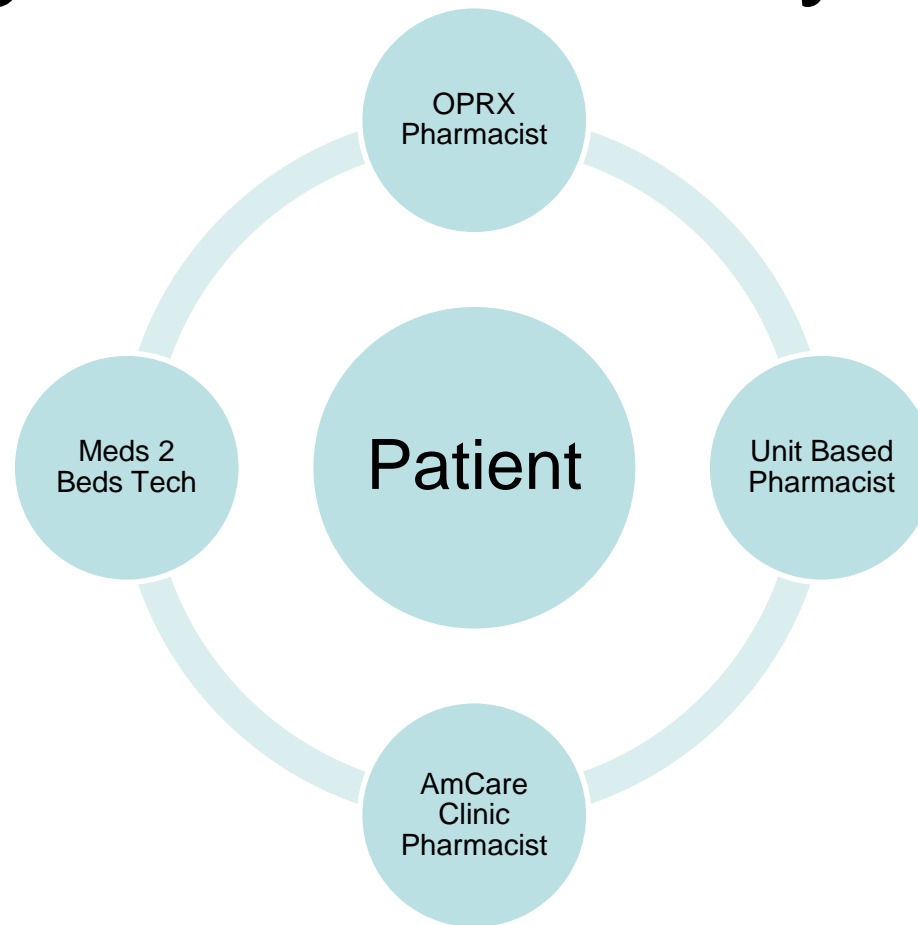
Cross Trained Pharmacy Techs

- **Hospital** based techs knew acute care meds, geography, familiar with nursing staff, culture
- **Retail** techs knew outpatient drugs, customer service, business dynamics
- Staff rotate “bench” and “counter” work with M2B delivery roles

Outpatient/Retail Pharmacists

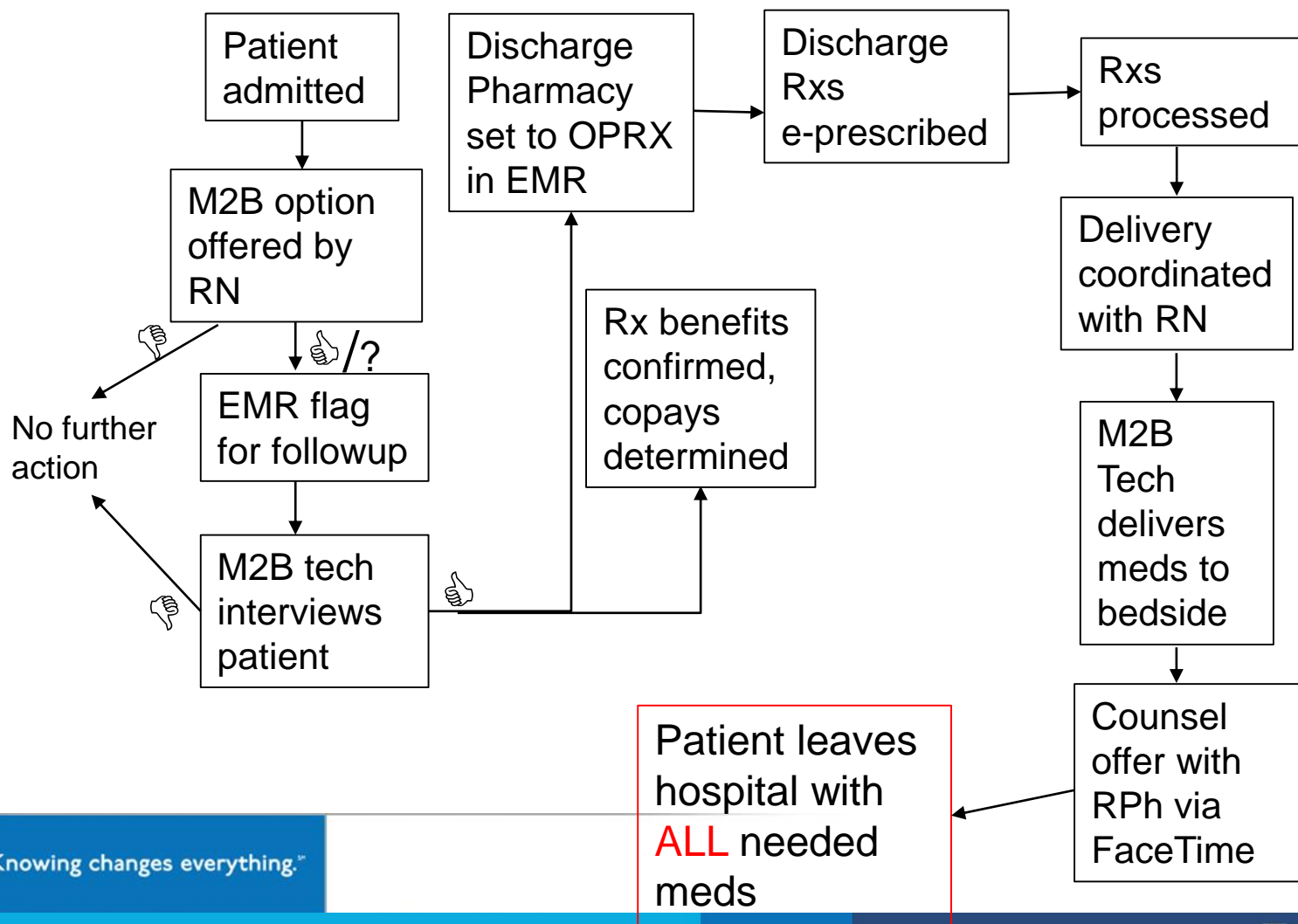
- Backbone of service is traditional dispensing/counseling role for which hospital trained pharmacists are not well suited
- BUT... need aptitude for **higher acuity care**, knowledge of **unique therapies and populations**
- Engaged, personable, teachers

Integrated Pharmacy Team



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The Meds to Beds Process

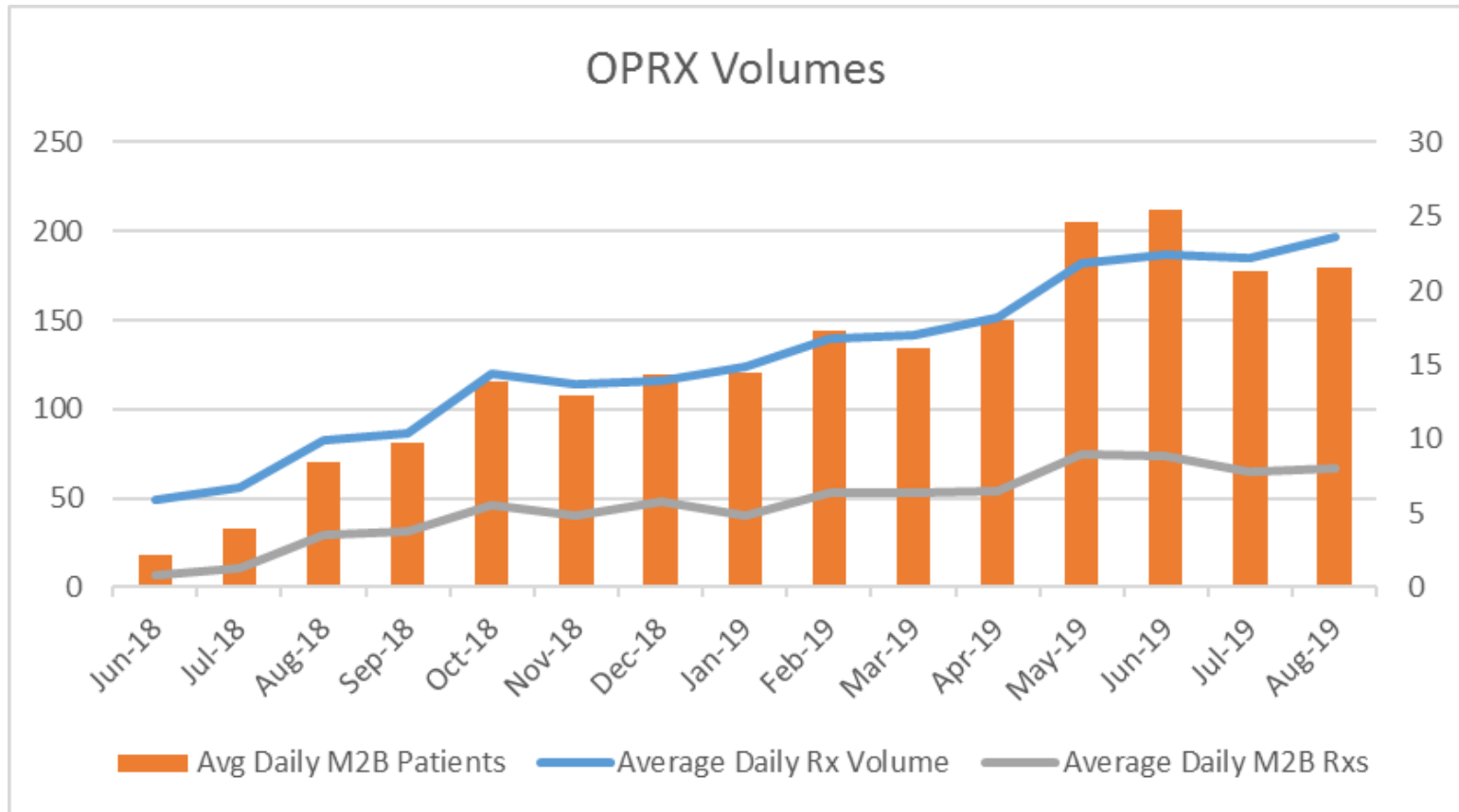


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- Nurses
- Providers
- Case Managers
- Finance
- Legal
- Purchasing
- IMT
- Physical Plant

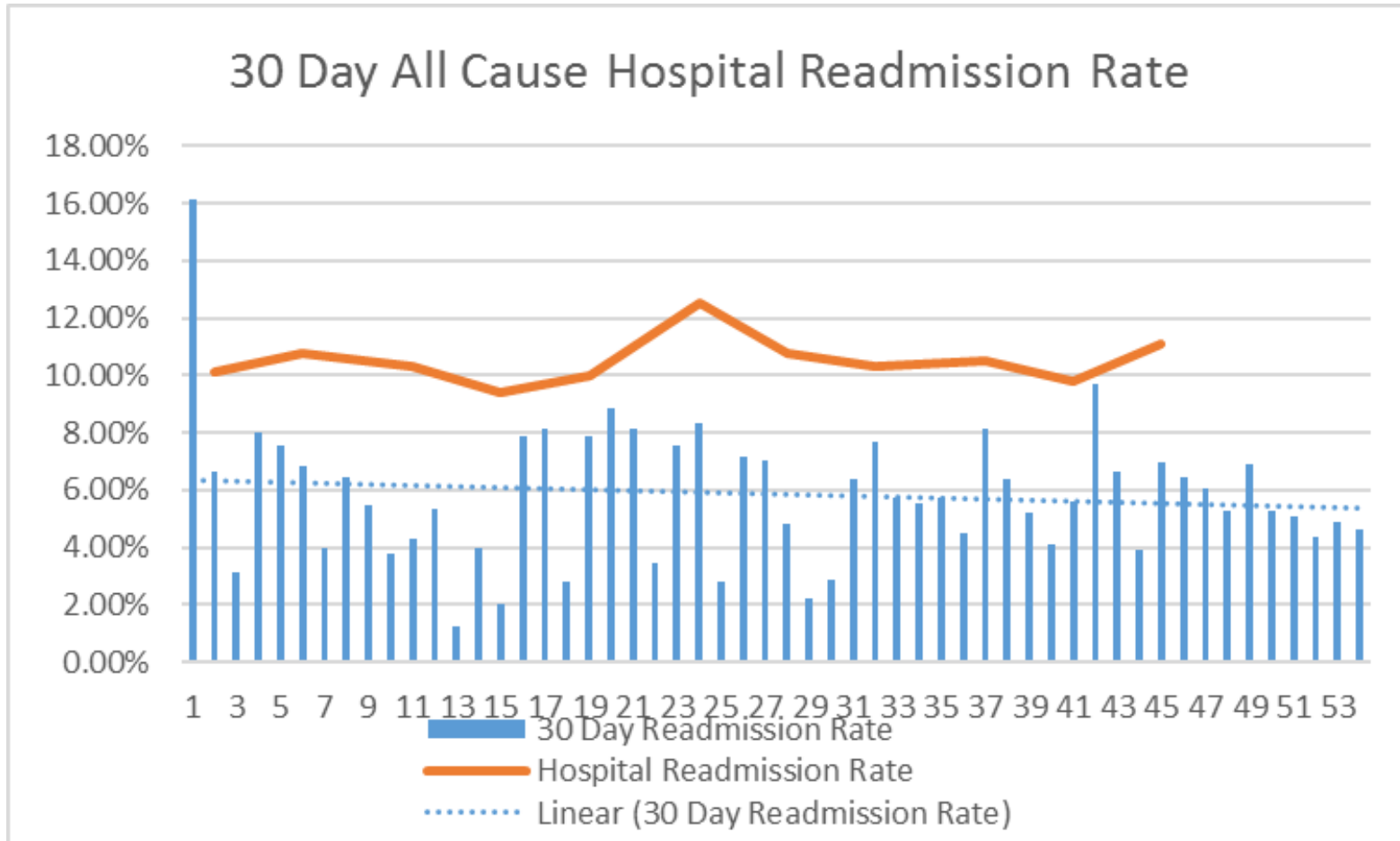


Outcomes: Part 1



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Outcomes: Part 2

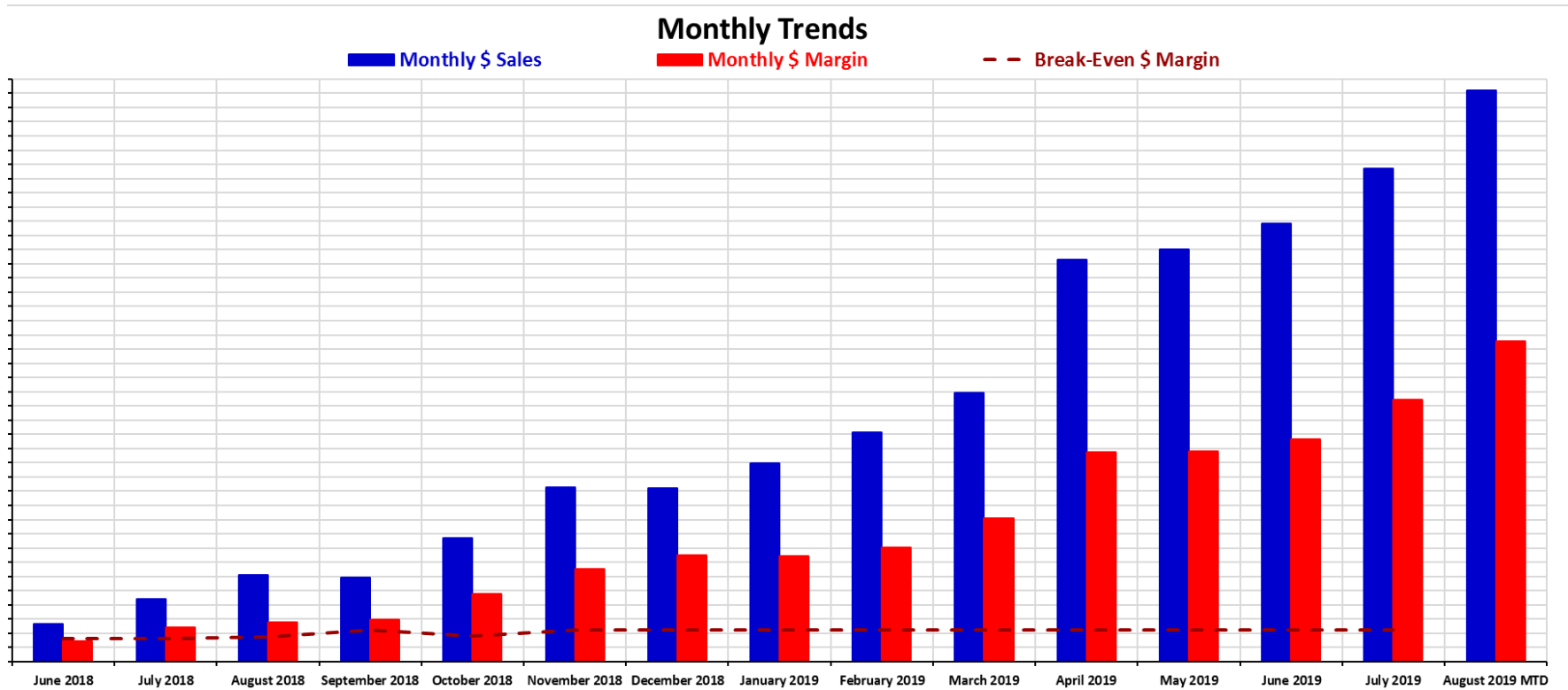


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Outcomes: Part 2

- Prior Authorizations Completed in FY18-19: 9,224
- Value of Med Assistance Services in FY18-19: \$881,140

Outcomes: Part 3



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Outcomes: Part 4

- Personnel growth
 - Additional OPRX staff
 - Integrated inpatient, OPRX, ambulatory positions
- Future OPRX/specialty sites
 - Community/Specialty
 - New Ambulatory Building

What helped?

- Consultants – added robust guidance and credibility to internal ideas
- CEO and Officers' support
- Prospect of revenue
- PSAO
- Out of the box pharmacy system

What hindered?

- “Red Tape”



- PBM and Payor reluctance
- Engagement



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Lessons Learned



1. Set reasonable expectations for coordination, responsiveness of services
2. Reinforce expectations frequently
3. See #1



Conclusions

- Comprehensive OPRX services – with Meds 2 Beds as a backbone – has improved patient outcomes, organizational financial strength, and grown pharmacy services through integration and collaboration