



# Building a Bridge to Better Health Coalition (BBBHC)

*Enriching Community Transitions & Healthcare  
through Communication, Collaboration and Coordination*



## Meeting Summary

**Thursday, May 26, 2016, 11:00am**

**ETHRA Offices, Knoxville, TN**

### **ATTENDEES**

12 people attended representing 10 different organizations.

### **WELCOME**

Aaron Bradley, East Tennessee Area Agency on Aging and Disability (ETAAAD), welcomed everyone and asked all members and guests to introduce themselves.

### **BBBHC PILOT PROJECT**

Hamilton Borden, Blount Discount Pharmacy, led a discussion and update on the BBBHC pilot project. Please see attached documents for more information.

### **KNOXVILLE REGION DATA UPDATE**

Due to time constraints, Corley Roberts will provide this information at the June meeting.

### **HOME HEALTH BENEFIT – OBSERVATION AND ASSESSMENT**

Kayla Newman and Desiree Black, Gentiva, provided a handout discussing this benefit (see attached handout for details). Aaron Bradley asked if they could provide data at the next meeting.

### **BBBHC STATUS REPORT**

Member organizations are asked to share what their organization is doing and the impact it has had on lowering readmission rates, etc.

### **FUTURE MEETING TIME**

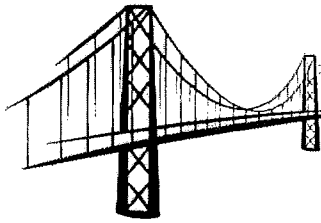
The time of future meetings was discussed. It was agreed to begin meeting at 10:00am on the 4<sup>th</sup> Thursday. This will be effective for the June meeting and forward.

### **NEXT BUILDING A BRIDGE TO BETTER HEALTH COALITION MEETING**

Thursday, June 23, 2016 at 10:00am – ETHRA Offices

**NOTE TIME CHANGE**

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# Building a Bridge to Better Health Coalition

*The Integration of Collaborative Transitions of Care Program*

## Transitions of Care Pilot

By signing this form, you are agreeing to be compliant with the following requirements for eligibility and participation:

Minimum requirements for eligibility and participation:

1. The pharmacy must be currently completing Medication Therapy Management (MTM) cases assigned to each pharmacy location's NABP, through Mirixa, Outcomes, etc.
2. The pharmacy must have the capability of performing home visits for patients.
3. The pharmacy must be able to provide the option of pre-packaging for the patient.
4. The pharmacy must be willing to share findings pertaining to this program with the other participating pharmacies.
5. The pharmacy must agree to follow the process detailed below.

Process for enrollment in BBBHC Transitions of Care Pilot program and patient follow-up:

1. Debra Moroney (Blount Memorial Hospital) or Laura Bullock (UT Medical Center) will determine patient eligibility.
2. Patients who opt into the program after speaking with Debra/Laura will choose the pharmacy from which they wish to receive the service.
3. Referral forms from Debra/Laura will be sent to the patient's pharmacy of choice.
4. Pharmacy of choice will assign a patient number to each participant to de-identify the patient.
5. The pharmacy of choice will call within 3 business days from hospital discharge, and the MTM service must be completed within 7 business days after hospital discharge.
6. If the pharmacy cannot reach the patient after 3 attempts, documentation of such attempts will be recorded and faxed to Debra or Laura.
7. If a patient is not able to come to the store for MTM, a pharmacist from the pharmacy must be able to perform home visits for these referrals. If a patient cannot come into the store for a MTM session and a home visit is not possible, the pharmacy must be able to use telehealth (Skype or similar platform) to perform MTM. If patient cannot come into the store and the patient lives more than 15 miles/15 minute drive away, the MTM may be performed via phone.
8. During the MTM session, the pharmacist will make sure medication lists are up to date, all new prescriptions have been filled upon discharge and all medications are being taken correctly.
9. The pharmacist will provide the patient with a copy of their Medication Action Plan (MAP) at the end of the visit or mailed at least by the following business day if the MTM was provide at the patient's home or over Skype. Pharmacy must use a MAP approved by the rest of the participating pharmacies.
10. A copy of the MAP will be faxed to the patient's primary care physician and Debra/Laura for their records by at least the following business day.
11. A follow-up call will be done at least 14 days and 30 days post MTM session to check in with the patient and to determine if they have had a subsequent hospital or ED visit.
12. Records containing MAPs and findings from follow-up calls will be maintained in a locked cabinet or behind a locking door at each participating pharmacy.
13. Documentation of findings from follow-up calls will be sent to Debra/Laura once every week.

Participating pharmacy: \_\_\_\_\_

Signature: \_\_\_\_\_

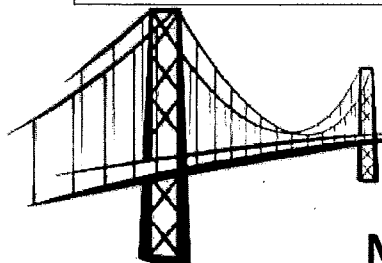
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Building a Bridge to Better Health Coalition: Transition of Care Pilot Program

Blount Memorial Hospital, University of Tennessee Medical Center, Belew's Drugs, Blount Discount Pharmacy, East Tennessee Discount Drugs, Lowe's Pharmacy, Mac's Pharmacy, Spring City Pharmacy

<b>Purpose</b>	<ul style="list-style-type: none"> <li>To decrease hospitalizations through continued care in the community post hospital discharge or ED visits.</li> </ul>
<b>Hypothesis</b>	<ul style="list-style-type: none"> <li>Collaboration of hospital transitions of care coordinators with community pharmacists combined with medication education and an one-on-one Medication Therapy Management (MTM) session by community pharmacist will reduce 14, and 30-day readmissions and ED visits.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>Primary             <ul style="list-style-type: none"> <li>Percent of patients that had 14 and/or 30-day hospital readmission or subsequent ED visits</li> </ul> </li> <li>Secondary             <ul style="list-style-type: none"> <li>Percent of patients that complete the program</li> <li>Number of patients that received the MTM in store</li> <li>Number of patients that received the MTM at the home</li> <li>Number of patients that received the MTM through Skype or similar platform</li> <li>Number of patients that received the MTM by phone</li> </ul> </li> </ul>
<b>Methodology</b>	<ul style="list-style-type: none"> <li>Transitions of Care coordinators, Debra Moroney, RN at Blount Memorial Hospital or Laura Bullock, PharmD at UT Medical Center, will screen and select inpatients for participation in the study.</li> <li>Debra or Laura will send referral forms, discharge summary, and medication list to a participating pharmacy of the patient's choice.</li> <li>Pharmacy of choice will assign the patient a number to be used on documentation to de-identify the patient.</li> <li>Pharmacy of choice will contact the patient within 3 business days from hospital discharge, and the MTM service will be completed within 7 business days after hospital discharge.</li> <li>If the pharmacist is unable to reach the patient/caregiver after 3 attempts, documentation of such attempts will be recorded and faxed back to either Debra or Laura.</li> <li>If a patient is not able to come to the store for MTM, a pharmacist will perform a home visit.</li> <li>If a patient cannot come into the store for a MTM session and a home visit is not possible, the pharmacy will use telehealth (Skype or similar platform) to perform MTM.</li> <li>If patient lives more than 15 miles/15-minute drive away from their pharmacy of choice and the patient cannot come into for the MTM, the pharmacy will provide the service over the phone.</li> <li>With the MTM service, the community pharmacist will:             <ul style="list-style-type: none"> <li>Provide medication counseling and reconciliation</li> <li>Provide a list of all current medications</li> <li>Ensure all new prescriptions from discharge have been filled</li> </ul> </li> <li>A copy of the patients Medication Action Plan (MAP) will be given to the patient at the end of the visit or mailed by the following business day for home visits or MTM done through Skype.</li> <li>A copy of the MAP will be faxed to the patient's primary care physician and the referring hospital pharmacist by the following business day.</li> <li>Follow-up call with the patient will be done at least 14 days and 30 days post hospital discharge to check in with the patient and to determine if they have had a subsequent hospitalization or ED visit.</li> <li>Records containing MAPs and findings from follow-up calls will be maintained in a locked cabinet or behind a locking door at each participating pharmacy.</li> <li>Documentation of findings from follow-up calls will be sent to the hospital pharmacists once every week.</li> </ul>
<b>Timeline</b>	<ul style="list-style-type: none"> <li>Once the program is approved: Debra and Laura will start referring patients.</li> <li>Program start through 3 months after the program start: outcomes data will be collected.</li> <li>3 months after the program start: all data will be analyzed, reported and program will be reassessed at that time.</li> </ul>

MEDICATION ACTION PLAN FOR <Initials \*-\*-\*>



## Building a Bridge to Better Health Coalition

*The Integration of Collaborative Transitions of Care Program*

# Medication Action Plan

Patient name:

DOB:

Mrs.,

Thank you for talking with me on \*-\*-\* about your health and medications. Building a Bridge to Better Health Coalition's Transitions of Care MTM (Medication Therapy Management) program helps you make sure that your medications are working.

Along with this letter are an action plan (Medication Action Plan) and a medication list (Personal Medication List). **The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.**

- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other health care providers.
- Ask your doctors, pharmacists, and other healthcare providers to update them at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.

If you want to talk about this letter or any of the papers with it, please call \*\*\*\* M-F (TIME) at (Phone #) or for urgent matters, late nights or weekends at (Phone #). I look forward to working with you and your doctors to help you stay healthy through our MTM program.

Sincerely,

This action plan will help you get the best results from your medications if you:

1. Read "What we talked about."
2. Take the steps listed in the "What I need to do" boxes.
3. Fill in "What I did and when I did it."
4. Fill in "My follow-up plan" and "Questions I want to ask."

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers. Share this with your family or caregivers too.

**DATE PREPARED:** < \*\_-\*\_\* >

<b>What we talked about:</b>	
<b>What I need to do:</b>	<b>What I did and when I did it:</b>

<b>What we talked about:</b>	
<b>What I need to do:</b>	<b>What I did and when I did it:</b>

<b>My follow-up plan</b> (add notes about next steps):
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<b>Questions I want to ask</b> (include topics about medications or therapy):
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If you have any questions about your action plan, call <\*\*\*\*\*>.

**MEDICATION ACTION PLAN FOR** <Initials, \*\_-\*\_\*: 7/15/14>

This medication list was made for you after we talked.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.

- Keep this list up-to-date with:
- prescription medications
  - over the counter drugs
  - herbals
  - vitamins
  - minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers.

<b>Allergies or side effects:</b>
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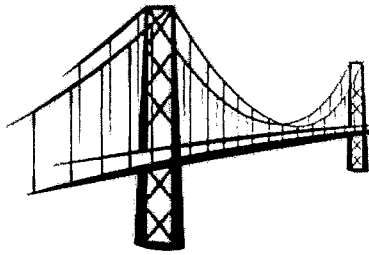
**Past Medical History:**

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>&lt;Other&gt;:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Medication:</b>	
<b>How I use it:</b>	
<b>Why I use it:</b>	<b>Prescriber:</b>
<b>&lt;Other&gt;:</b>	
<b>Date I started using it:</b>	<b>Date I stopped using it:</b>
<b>Why I stopped using it:</b>	

<b>Other Information:</b>
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If you have any questions about your medication list, call <\*\*\*\*\*>.



# Building a Bridge to Better Health Coalition

# FAX

No. of Pages: \_\_\_\_\_

## Referral Information

Referring Institution:

**Debra Moroney, RN**  
 Blount Memorial Hospital  
 907 East Lamar Alexander Parkway  
 Maryville, TN 37804  
 Fax #: 865-273-4392

**Laura Bullock, PharmD**  
 University of Tennessee Medical Center  
 1924 Alcoa Highway  
 Knoxville, TN 37920  
 Fax #: 865-305-8879

Receiving Pharmacy:

**Belew Drugs** Phone: 865-525-4189  
 2021 North Broadway  
 Knoxville, TN 37917 Fax: 865-315-7121

**Belew Drugs** Phone: 865-525-4967  
 5908 Washington Pike Suite 102  
 Knoxville, TN 37918 Fax: 865-315-7121

**Belew Drugs** Phone: 865-933-3441  
 8622 Asheville Highway  
 Knoxville, TN 37924 Fax: 865-315-7121

**Blount Discount Pharmacy** Phone: 865-984-7704  
 129 Gill Street  
 Alcoa, TN 37701 Fax: 865-984-6220

**Blount Discount Pharmacy** Phone: 865-681-0520  
 131 Montgomery Lane  
 Maryville, TN 39803 Fax: 865-681-8226

**Blount Discount Pharmacy** Phone: 865-983-9795  
 1015 E Lamar Alexander  
 Pkwy  
 Maryville, TN 37804 Fax: 865-983-8758

**East Tennessee Discount** Phone: 865-988-0000  
 721 Highway 321 N  
 Lenoir City, TN 37771 Fax: 865-986-1542

**Lowes Drug Store** Phone: 865-982-3020  
 1536 East Broadway  
 Maryville, TN 37804 Fax: 865-977-6698

**Mac's Pharmacy** Phone: 865-945-3333  
 643 Edgemoor Road  
 Powell, TN 37849 Fax: 865-945-3449

**Mac's Pharmacy** Phone: 865-524-3453  
 2419 Washington Pile  
 Knoxville, TN 37917 Fax: 865-524-9925

**Spring City Pharmacy** Phone: 423-365-6351  
 171 Clinton Ave  
 Spring City, TN 37381 Fax: 423-365-4877

Comments:

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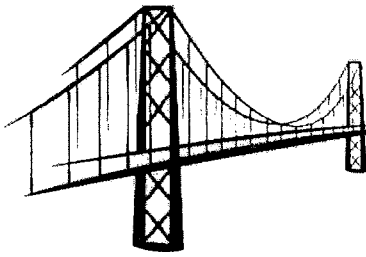
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# Building a Bridge to Better Health Coalition

# FAX

Date/Time: \_\_\_\_\_

To:

**Debra Moroney, RN**  
Blount Memorial Hospital  
907 East Lamar Alexander Parkway  
Maryville, TN 37804  
Fax #: 865-273-4392

**Laura Bullock, PharmD**  
University of Tennessee Medical Center  
1924 Alcoa Highway  
Knoxville, TN 37920  
Fax #: 865-305-8879

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<input type="checkbox"/> <b>Lowes Drug Store</b> <i>Phone: 865-982-3020</i> 1536 East Broadway Maryville, TN 37804 <i>Fax: 865-977-6698</i>
<input type="checkbox"/> <b>Mac's Pharmacy</b> <i>Phone: 865-945-3333</i> 643 Edgemoor Road Powell, TN 37849 <i>Fax: 865-945-3449</i>
<input type="checkbox"/> <b>Mac's Pharmacy</b> <i>Phone: 865-524-3453</i> 2419 Washington Pile Knoxville, TN 37917 <i>Fax: 865-524-9925</i>
<input type="checkbox"/> <b>Spring City Pharmacy</b> <i>Phone: 423-365-6351</i> 171 Clinton Ave Spring City, TN 37381 <i>Fax: 423-365-4877</i>

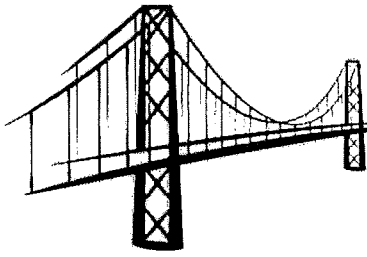
Comments:

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# Building a Bridge to Better Health Coalition

# FAX

These documents are being sent to you on behalf of Building a Bridge to Better Health Coalition (BBBHC), who has started a transitions of care pilot program aimed at decreasing hospitalizations by changing lives through building relationships at a local level. After discharge from the hospital or following an emergency department visit, a pharmacist from one of the participating community pharmacies will perform Medication Therapy Management (MTM) to ensure the patient has filled all medication continued or restarted at discharge and to help the patient understand their medications and how properly take them. The documents sent to you are a summary of what was discussed with the patient and are for your records. Any questions pertaining to the nature of these documents may be sent to the corresponding pharmacy.

<b>ATTN:</b>	<b>Office:</b>
<b>Fax:</b>	<b>Pages:</b>
<b>Phone:</b>	<b>Date:</b>
<b>Patient Name:</b>	<b>Date of Birth:</b>

From Pharmacy:

<input type="checkbox"/>	<b>Belew Drugs</b>	<i>Phone:</i> 865-525-4189
	2021 North Broadway	
	Knoxville, TN 37917	<i>Fax:</i> 865-315-7121
<input type="checkbox"/>	<b>Belew Drugs</b>	<i>Phone:</i> 865-525-4967
	5908 Washington Pike Suite 102	
	Knoxville, TN 37918	<i>Fax:</i> 865-315-7121
<input type="checkbox"/>	<b>Belew Drugs</b>	<i>Phone:</i> 865-933-3441
	8622 Asheville Highway	
	Knoxville, TN 37924	<i>Fax:</i> 865-315-7121
<input type="checkbox"/>	<b>Blount Discount Pharmacy</b>	<i>Phone:</i> 865-984-7704
	129 Gill Street	
	Alcoa, TN 37701	<i>Fax:</i> 865-984-6220
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<input type="checkbox"/>	<b>Spring City Pharmacy</b>	<i>Phone:</i> 423-365-6351
	171 Clinton Ave	
	Spring City, TN 37381	<i>Fax:</i> 423-365-4877

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## Do you have patients who could benefit from observation & assessment?

Patients who receive this service may experience a reduced risk of re-hospitalizations, falls and drug toxicity. Furthermore, education and evaluation in the home setting may lead to improved patient outcomes, medication compliance and safety.

### **Observation and assessment is a Medicare covered service that includes:**

- Skilled nursing when potential for complications exist
- 3 weeks of skilled nursing services (longer if the treatment plan changes)
- If there is no change after the 3 week period, the patient is discharged
- If there are changes during the 3 week period, care is continued

### **Indicators for admission for skilled nursing include:**

- Recent hospitalization
- Unexpected change in condition
  - o Behavioral
  - o Dietary
  - o Mental status
  - o Fall risk
- Patient with wounds (depending on where the wound healing process exists at the time the family has been taught)
- New or exacerbated diagnosis
- New medication complications or drug reactions
- Medication changes causing reaction/interaction
- Changes in treatments

### **Indicators for continued care include:**

- Abnormal/fluctuating vital signs
- Weight changes
- Edema
- Symptoms of drug toxicity
- Abnormal/fluctuating lab values
- Respiratory changes
- Need for possible modification of treatment
- Need for additional medical procedures

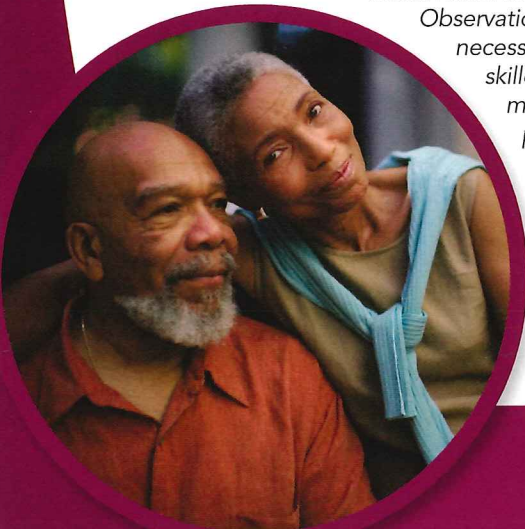
### **Observation and assessment is NOT covered when:**

- The exacerbation is part of a long-standing pattern for the patient
- There has been no attempt to change the patient's treatment plan
- The plan of treatment is not changed at recertification

Observation and assessment, defined by CMS\* is as follows:

*Observation and assessment of the patient's condition by a nurse are reasonable and necessary skilled services when the likelihood of change in a patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment or initiation of additional medical procedures until the patient's treatment regimen is essentially stabilized. Where a patient was admitted to home healthcare for skilled observation because there was a reasonable potential of a complication of further acute episode, but did not develop a further acute episode or complication, the skilled observation services are still covered for three weeks or so long as there remains a reasonable potential for such a complication or further acute episode.*

*\*CMS Medicare Benefit Policy Manual, Chapter 7, Section 40.1.2.1*



For more information please call

**865-690-7767** or visit [gentiva.com](http://gentiva.com)