



Remote Pharmacy Service

*Getting more than you expect
from an RPS partnership*



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Discussion objectives

- Identify healthcare reform's impact on pharmacy
- Describe considerations when evaluating a remote pharmacy model
- Discuss non-traditional remote pharmacy models
- Highlight unexpected benefits when leveraging RPS
- Understand how to maximize the benefits of remote pharmacy services

The impact of health care reform



- Doing more with less has become standard practice for hospital pharmacists
- There is an increased need for pharmacy-led, clinical programs to drive hospital cost savings initiatives, reduce readmissions and increase patient satisfaction
- Personnel and project budgets are flat despite growing hospital administration expectations

New focus areas bring new pressures



Medication reconciliation is at the forefront of **pharmacy-led** clinical initiatives.

- A 2012 systematic review found evidence that pharmacist-led processes could prevent medication discrepancies and potential ADEs after discharge¹
- Implementation of clinical programs and new technologies decrease adverse drug events and costs for the hospital

¹Agency for Healthcare Research and Quality; Patient Safety Network: Medication Reconciliation.

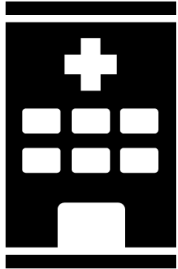
Leveraging remote pharmacy services



- Expansion of pharmacy services
 - Medication reconciliation
 - Transitions of care programs
 - Expanded pharmacy support in ED and procedural areas
- Redeploy onsite pharmacists from order entry to strategic projects and clinical initiatives
- Support short-term project work to meet Meaningful Use requirements
- Provide work-load balancing and reduce order review and order entry times, especially during peak hours
- Provide nursing and technician supervision

Technology implementation

Customer:



600-bed
Academic Medical Center
in northern California

Challenge:

24/7
pharmacy
implementing
CPOE

Need to provide a
consistent level of
pharmacy services
during technology
adoption



A different approach

- Project work, including assistance during CPOE implementations, is one of the ways to enable pharmacies to **meet their goals without having to hire additional FTEs**

Our solution

90 days
before CPOE

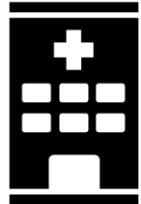
Implementation

90 days after
CPOE

- **Before:** Engaged RPS team so the hospital pharmacists could *build and train on the CPOE system*
- **Implementation:** RPS continued to provide order entry and began initial load of orders from the old system into the new system
- **After:** Continued service during on-site pharmacists' learning curve of new system

Continuous support during EPIC conversion

Customer:



793 & 900-bed teaching hospitals in Boston, Massachusetts with 24/7 pharmacy coverage



Recently went live with EPIC

Challenge:

Needed additional pharmacy support due to EPIC conversion and an increased workload based on evolving pharmacy initiatives

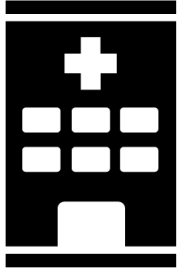


Our solution

- Established a **Master Terms agreement** that **simplified onboarding** with the individual hospitals
- Identified a **multi-phase solution** to aid in the EPIC conversion
 - **Phase 1: Cutover to EPIC**
 - **10 pharmacists** worked onsite for **24 hours** to assist the hospital in the transfer of standing orders
 - **Represented 40 percent** of the cutover workforce
 - **Phase 2: Post-cutover support**
 - Preparing to engage in a four month commitment to **process 27,000 lines per month**
 - Resulted in 11 month commitment

Meeting meaningful use requirements

Customer

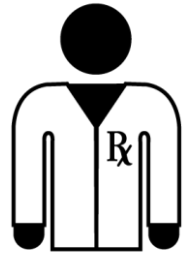


Non-profit health system in Southern California

Needs assistance meeting Stage 2 Meaningful Use medication reconciliation requirement

Challenge:

Must complete project within 6 months without adding additional staff



Solution

Utilize **Remote Pharmacy Service** to:

- Supplement staff
- Support entry of discharge orders
- Meet meaningful use deadline

Results

\$ 417K saved in labor

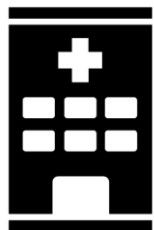
99,426 orders processed over 5 months



Hospital pharmacists were able to provide **continuous patient care**

Reallocating pharmacists to clinical work

Customer



17 hospital
healthcare system
across seven states

Challenge:

Need to deploy current pharmacists to **clinical initiatives**



Without
hiring
additional
staff



Solution

- **Transition** to a blended staffing model
- **Utilize** RPS for day shift
- **Transfer** majority of order volume to RPS
- **Redeploy** pharmacists to clinical services
- Pharmacists **attend** daily case management and ICU rounds

One hospital's results

Antibiotic costs per APD decreased by

11.2%
In 12 months

Clinical interventions increased by

150%

Antibiotic savings of

\$89k
In 12 months

Increased productivity savings

\$55k
In 12 months

Reallocating pharmacists to balance work-load

Customer:



6 hospital IDN
in Tulsa, OK.

Flagship hospital with
24x7 Rx services
staffing 3 small rural
sister facilities.

Challenge:

Needed to contain labor
costs; yet additional
staff were needed to
handle the volume.

Leveraged RPS to
handle volume at 3
small hospitals as well
as supplement
nightshift at 24x7
facility.

Estimated labor savings

\$169,920 Labor savings for
flagship hospital

\$66,015 Labor savings for
rural locations

\$235,936 Total labor savings

Clinical and operational impact

141,000

Annual estimated
order volume

2,820

Annual pharmacist
interventions by ROE

\$310,200

Annual estimated
PADE savings

Benefits of remote models

- Operational
 - Enables pharmacy full commitment without distractions when engaging in training and implementation of new system
 - Ensures pharmacy service levels are consistent when pharmacists are pulled away temporarily or redeployed to clinical initiatives
- Financial
 - Eliminates costs associated with recruiting, training and benefits
 - Helps reduce PADEs and costs associated with mitigation
- Cultural
 - Enables pharmacy to scale staff as needed without impacting FTE personnel
 - Demonstrates leadership's commitment to work life balance and job satisfaction

Maximizing the benefits of remote models

- Be active on the front end – align provider’s capabilities to specific needs
- Engage front line teams in the evaluation and implementation
- Forge partnership model; not vendor model
- Ensure 2-sided communication and accountability

The role of remote pharmacy services



- Expands the pharmacists' reach in transitions of care
- Supports the improvement of clinical outcomes
- Increases pharmacy and hospital access to patients
- Reduces healthcare costs and increases efficiencies

Looking to the future

- **Focus on telehealth is growing rapidly**
- Ensures access to health care services in isolated and underserved geographic areas
- More effective deployment of telehealth technologies will enhance the ability to better meet the health care needs
- Promotes patient-centered health care

Thank you



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Questions?



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