

DISCHARGE MEDICATION PLANNING FOR ACUTE INPATIENT PSYCHIATRIC PROVIDERS, CLINICAL CARE MANAGERS, AND CASE MANAGERS

The ability of a member to continue accessing medication is a crucial consideration in discharge planning, yet it often needs to be adequately addressed. Hospitals can address this issue by creating and implementing a discharge medication plan. This plan can help to remove barriers to medication access, provide appropriate medication education, promote follow-up after hospitalization, and reduce 30-day hospital readmission rates. By lowering barriers to medication access following discharge, hospitals can significantly improve outcomes and enhance the quality of life for their members.

Best Medication Practices During Discharge Planning

- ➔ Use shared decision-making with members and caretakers to have open and meaningful dialogue about their medications, focusing on a person-centered treatment plan.
 - » The Agency for Healthcare Research and Quality (AHRQ) uses a five-step approach for shared decision-making (see [AHRQ's SHARE Approach](#)).
 - » CBH Resource: [Shared Decision-Making in Child Psychiatry: Insights From Philadelphia's Family Peer Supports](#)
- ➔ Perform a medication reconciliation before discharge to identify which medications have been added, changed, or discontinued during a hospital stay.
 - » Have accurate preadmission and post-discharge medication lists.
 - » Have knowledge of what medication changes were made and the reason for the changes.
- ➔ Consider the ramifications of any medications that require additional monitoring or labs.
 - » Inform members of labs or monitoring and explain reasoning.
 - » Examples of medications that may have additional monitoring and lab requirements include:
 - Lithium, divalproex, and carbamazepine (Serum levels when indicated)
 - Clozapine (REMS monitoring)
 - Antipsychotics in children (See [Prior Authorization Guidelines](#))
 - Antipsychotics and other medications may require ongoing monitoring for side effects.
 - Additional monitoring recommendations for antipsychotics can be found in the [American Psychiatric Association \(APA\) Clinical Practice Guidelines for the Treatment of Patients with Schizophrenia](#).
- ➔ Ensure effective communication of this information with members and any caregivers.
 - » Have a doctor, nurse, or pharmacist review each medication's purpose, how to take each correctly, and the significant side effects.

- » In partnership with the medical team, assess member concerns with medication plans.
- ➔ Collaborate with members and caretakers to identify their preferred pharmacy for medication pickup and/or delivery. Verify that all prescriptions match what's on file at the time of discharge.
 - » CBH **requires** all members be discharged with 30 days of medication (or a prescription) and a refill prescription until their next medication appointment, which should be scheduled no more than 30 days following discharge (see [CBH Clinical Performance Standards for Acute Inpatient Psychiatric \(AIP\) Services](#)).
 - » To allow the pharmacy sufficient time to screen for and address any potential issues, such as prior authorizations or drug interactions, discharge prescriptions should be electronically sent to the member's preferred pharmacy as soon as the medication regimen is stable and discharge plans are underway.
 - » Any prior authorization information should be prepared prior to discharge and remain accessible to outside providers and the pharmacy of choice.
 - » Members and caretakers should be encouraged to call their pharmacy to verify all the prescriptions are ready prior to leaving the hospital.
 - » Meds-to-Beds programs are another way to assist with medications during discharge without requiring prescriptions to be sent to an outside pharmacy location.
- ➔ Include all discharge medications, dosages, and indications when documenting medical records.
 - » Indications should be present for all medications, **not just psychotropic medications**.
 - » Documentation should be transmitted to the next level of care provider (giving copies to members does **not** comprise transmission).
 - » Copies of discharge medication plans should also be provided directly to members or caregivers.

Stakeholders in Inpatient → Outpatient Transition Process Checklist

It is essential to consider all stakeholders in the discharge planning process. Use this checklist to ensure that all stakeholders are integrated into member care.

Stakeholder	Notes
<input type="checkbox"/> Member	
<input type="checkbox"/> Inpatient Provider	
<input type="checkbox"/> Outpatient Psychiatry Providers	
<input type="checkbox"/> Primary Care Provider	
<input type="checkbox"/> Lab Vendor	

Stakeholder	Notes
<input type="checkbox"/> Payers	
<input type="checkbox"/> Pharmacy Personnel (IP and OP)	
<input type="checkbox"/> Caregivers/Family Members	
<input type="checkbox"/> Social Support Agencies	

Keys to Building Relationships with Outpatient/Retail Pharmacies

Remember to consider pharmacies as essential stakeholders in the discharge process. Pharmacists can help address any unexpected issues with accessing medications prescribed at discharge. Building a good relationship and open communication with your regular pharmacists and pharmacies can help remove barriers to accessing medications.

- ➔ Why it's important:
 - » Many barriers occur between discharge and prescription pickup:
 - Prior authorizations
 - Drug interactions
 - Other insurance complications
 - Drug shortages and availability
 - » Pharmacists may hesitate to reach out with questions because they may feel intimidated or like they are bothering prescribers.
 - » Pharmacists may not try to call inpatient prescribers due to negative past experiences, such as not being able to reach the right person and long hold times.
- ➔ Call or send an email to the pharmacy to introduce yourself and your practice-setting.
 - » Do not feel the need to be formal or time-consuming.
 - » Try to speak with the pharmacist manager or other regular pharmacists.
 - » Often, the same 1-2 pharmacists will be working every day, so it can be easy to build relationships.
 - » Explain that you would like to collaborate and request any help available with discharge prescriptions.
 - » Provide the best method of communication for any future encounters.

Prescription Checklist

To-Dos

- ☐ Most up to date contact information for the Member
- ☐ Best phone number to reach inpatient care team and/or hospital case manager to answer any clinical questions (not just operator number)
- ☐ Information on pertinent medication regimen changes (can be added to note section) (helpful for insurance issues)
- ☐ Quantity of 30 days*
- ☐ At least one additional refill (regardless of follow up appointment date with outpatient psychiatry/ medication management)*
- ☐ If prescription is written for Long-Acting Injectable medication it should include the date of the last injection, date next injection is due, and should specify if the pharmacist is to administer injection (sig can read: inject [dose] every [time] via [route of administration] to be administered by the pharmacist)

**Mandated per CBH Clinical Performance Standards for Acute Inpatient Psychiatric*

Lab Resources

Managed Care Organization	Contracted Laboratory Provider(s)
Community Behavioral Health	Atlantic Diagnostic Parkway Clinical Laboratories
Jefferson Health Plans	Quest Diagnostics
Keystone First	LabCorp
Gelsinger Health Plan	LabCorp Quest Diagnostics Jefferson Health
PA Health and Wellness	LabCorp Quest Diagnostics
United Healthcare	LabCorp Quest Diagnostics
UPMC	Quest Diagnostics

Additional Resources

- ➔ [Medication Adherence Rating Scale \(M.A.R.S.\) Calculator](#)
- ➔ [AHRQ: Shared Decision-Making](#)
- ➔ [Project RED: Components of Re-Engineered Discharge \(RED\)](#)
- ➔ [PA Medical Assistance Preferred Drug List](#)
- ➔ [PA DHS Pharmacy Services Prior Authorization Clinical Guidelines](#)
- ➔ [APA Clinical Practice Guideline: Treatment of Patients with Schizophrenia \(2020\)](#)
- ➔ [CBH Clinical Performance Standards: Acute Inpatient Psychiatric](#)
- ➔ [UpToDate®: Hospital Discharge and Readmission](#)
- ➔ [The Joint Commission Specifications Manual: Continuing Care Plan-Discharge Medications](#)



SCAN ME!

Pharmacy Education and Resources for Members

Includes medication wallet card, guides, tip sheets, and other valuable resources for members



SCAN ME!

Pharmacy Education and Resources for Providers

Includes the latest pharmaceutical information for CBH providers

This tip sheet was developed as a resource for acute inpatient psychiatric providers, clinical care managers, and case managers involved in discharge planning. For questions or support, please contact cbh.pharmacyinitatives@phila.gov.

Disclaimer: The information contained in this tip sheet is for educational and informational purposes only. The clinical services described in this tip sheet may not be covered for all CBH enrollees. To find out about what services are available to you under the CBH benefit package, please contact CBH Provider Operations at 215-413-3100.