

# Discharge Medication Planning

For Acute Inpatient Psychiatric Providers, Clinical Care Managers, and Case Managers

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*This TIP Sheet was developed as a resource for Acute Inpatient Psychiatric Providers, Clinical Care Managers, and Case Managers involved in discharge planning.*

## Background

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 the Member and caretakers to have open and meaningful dialogue about their medications, focusing on a **person-centered treatment plan**
  - » Agency for Healthcare Research and Quality uses a five-step approach for shared decision-making: [AHRQ's SHARE Approach](#)
  - » CBH Resource: [Shared Decision-Making in Child Psychiatry: Insights From Philadelphia's Family Peer Supports](#)
- ➔ Perform medication reconciliation before discharge to identify which medications have been added, changed, or discontinued during hospital stay
  - » Have an accurate preadmission medication list
  - » Have an accurate list of medications to be taken post-discharge
  - » Have knowledge of what medication changes were made and the reason for the changes
- ➔ Considerations for any medications that require additional monitoring or labs
  - » Inform Member 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: [Prior authorization requirements](#)
    - » Antipsychotics and other medications may require ongoing monitoring for side effects.
    - » Antipsychotics additional monitoring recommendations found in the [American Psychiatric Association \(APA\) Practice Guideline for the Treatment of Patients with Schizophrenia \(2020\)](#)

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- ➔ Ensure effective communication of this information with Member and any caregiver(s)
  - » Have a doctor, nurse, or pharmacist review each medication's purpose, how to take each medication correctly, and the significant side effects
  - » In partnership with the medical team, assess Member concerns with medication plan
- ➔ Discuss and decide with the Member and caretakers their preferred pharmacy to pick up or deliver medications and ensure prescriptions match what's on file at the time of discharge
  - » Individuals **must** 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 per: [CBH Clinical Performance Standards for Acute Inpatient Psychiatric](#)
- ➔ Documentation in medical records should include all discharge medications, dosages, and indications
  - » Indications should be present for all medications, **not just psychotropic medications**
  - » Documentation should be transmitted to the next level of care provider (giving a copy to the Member does **not** comprise transmission)
  - » Copy of the discharge medication plan should also be provided directly to Member or caregiver(s)










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## 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"/>	 <b>Member</b>	
<input type="checkbox"/>	 <b>Inpatient Provider</b>	
<input type="checkbox"/>	 <b>Outpatient Psychiatry Providers</b>	
<input type="checkbox"/>	 <b>Primary Care Provider</b>	
<input type="checkbox"/>	 <b>Lab Vendor</b>	
<input type="checkbox"/>	 <b>Payers</b>	
<input type="checkbox"/>	 <b>Pharmacy Personnel (Inpatient and Outpatient)</b>	
<input type="checkbox"/>	 <b>Caregivers/Family Members</b>	
<input type="checkbox"/>	 <b>Social Support Agencies</b>	

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## 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 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
  - » Having open communication and getting to know the pharmacist can help reduce some of those barriers
  - » 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
  - » Does not 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

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## PRESCRIPTION CHECKLIST

### To-Dos

- Most up to date contact information for the Member

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- Best phone number to reach inpatient care team and/or hospital case manager to answer any clinical questions (not just operator number)

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- Information on pertinent medication regimen changes (can be added to note section) (helpful for insurance issues)

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- Quantity of 30 days\*

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- At least one additional refill (regardless of follow up appointment date with outpatient psychiatry/ medication management)\*

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- 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

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## Additional Resources

### Resources for Providers

- ➔ [M.A.R.S. Adherence Questionnaire](#)
- ➔ [AHRO Shared Decision-Making Tools](#)
- ➔ [Project RED](#)
- ➔ [Pennsylvania Department of Human Services Statewide Preferred Drug List](#)
- ➔ [Pennsylvania Department of Human Services Pharmacy Services Prior Authorization Clinical Guidelines](#)
- ➔ [CBH Shared Decision-Making in Child Psychiatry: Insights From Philadelphia's Family Peer Supports](#)
- ➔ [American Psychiatric Association \(APA\) Practice Guideline for the Treatment of Patients with Schizophrenia \(2020\)](#)
- ➔ [CBH Clinical Performance Standards for Acute Inpatient Psychiatric](#)
- ➔ [UpToDate: Hospital Discharge and Readmission](#)
- ➔ [The Joint Commission: Continuing Care Plan- Discharge Medications](#)

### Resources to Share with Members

- ➔ [CBH Pharmacy Education and Resources for Members](#)
- ➔ CBH Medication Wallet Card for Members ([English](#)) ([Spanish](#))

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