



Resource and Action Guide

March 24, 2021

Learning Series: Sharing Best Practices through the COVID-19 Pandemic: Chronic Disease Self-Management, Pain Management, and Care Transitions

Learning Session 1: Highlighting the Role of Pharmacy in Care Transitions During COVID-19

Opportunities for Action: In addition to the ideas brought forward during the session, our team has identified specific actions you can take that will advance learning into action. There is something for everyone, some actions will take only a few minutes while others could support an entire quality improvement project.

Pharmacy Partnership

» [National Alliance of State Pharmacy Associations State Fact Sheets](#)

Action Opportunity

- **All:** Locate your state's 2020 State Fact Sheet to determine potential partnership opportunities.

Readmissions and Transitions of Care

» **National Transitions of Care Coalition (NTOCC)**

Action Opportunity

- **Easy:** Review the [Safe and Effective COVID-19 Transitions of Care: Interprofessional Strategies Across the Spectrum of Illness and Healthcare Settings](#) activity description and details determine if you would like to complete this.
- **Intermediate:** Identify your care transitions and care coordination partners and invite them to complete this same activity.
- **Advanced:** Schedule a meeting with your care transitions and care coordination partners that complete this activity and identify a community action you can take based on what you learned.

» [AHRQ - Designing and Delivering Whole-Person Transitional Care](#) (Most provider or community organization types can find an applicable tool here)

Action Opportunity

- **Hospital-specific:** Use Tool 1, Data Analysis to understand your *all-payer, all-condition* readmissions.
- **Easy:** Watch this 27-minute webinar from a national care transitions and readmissions expert, Dr. Amy Boutwell, [Designing & Delivering Whole-Person Transitional Care](#).
- **Intermediate:** Download and use [Tool 4: Community Inventory](#) to identify gaps and consider providers or agencies you may want partner with to ensure a whole-person plan.
- **Advanced:** Work with your community to create or update a [Community Resource Guide, Tool 11](#).



Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

- » [INTERACT®](#) (Interventions to Reduce Acute Care Transfers) for skilled nursing, assisted living, or home health.

Action Opportunity

- **Easy:** Sign in/login to INTERACT® website, navigate to the appropriate provider type and review the tools available.
- **Intermediate:** Speak with your clinical or quality improvement director to determine if INTERACT® is being used in your organization.
 - If so, investigate if there are any other tools that might help improve low performing measures (ex. Medicare Compare).
 - If not, choose one tool and use it to evaluate your current transitions of care/patient transfer process. Is there an opportunity to update your process?
- **Advanced:** Use INTERACT® tool(s) for your next quality improvement project around one of your lower performing measures.

Reducing Adverse Drug Events (ADEs) in Communities

- » [MATCH Toolkit for Medication Reconciliation - Medications at Transitions and Clinical Handoffs](#)

Action Opportunity

- **Easy:** [Assembling a medication reconciliation team](#) is an important first step, use this guide to form your action team.
- **Intermediate:** Use these tools for [Designing/Redesigning a Medication Reconciliation Process](#).
- **Advanced:** The [MATCH Work Plan](#) supports the implementation and documents outcomes related to the project.

Chronic Care Management (CCM)

Action Opportunity

- **Easy:** Research who your local Medicare Administrative Contractor (MAC) is [here](#). (The MACs process Medicare CCM claims.)
- **Intermediate:** Visit your MAC website to find local coverage and guidance for CCM services by searching the website for “Chronic Care Management.”
- **Advanced:** If you are not billing CCM services, speak with your leadership to determine if this would be an opportunity for your organization to consider.

Quality Improvement Resource Tools

- [RCA Pathway](#)
- [When to Use RCA](#)
- [RCA Tool Selection Guide](#)
- [Fishbone diagram](#)
- [Five Whys Worksheet and Example](#)
- [Institute for Healthcare Improvement \(IHI\) Driver Diagram Tutorial](#)



Telligen QI Connect™

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- Telligen Driver Diagram
- Plan Do Study Act (PDSA) Worksheet

Telligen QI Connect™ Opportunities and Events (Colorado, Iowa, Illinois, and Oklahoma)

- Telligen QI Connect™ Mastermind Team interest form
- Telligen Community Ambassador flyer
- Telligen Portal
- Telligen QI Connect™ Events calendar

Telligen State Points of Contact

Colorado

Meredith Koob, Community point of contact – mkoob@telligen.com
Courtney Ryan, Nursing Home point of contact – cryan@telligen.com

Iowa

Vicky Kolar, Community point of contact – vkolar@telligen.com
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Illinois

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