Transitions in Care:
The Impact of Community Pharmacist-Provided Medication Management on Hospital Readmissions

A Request for Proposals

Release date: July 11, 2013

An informational conference call will be held on July 24th at 2:00 p.m. EST:

Dial-in: 1-719-955-1371
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TRANSITIONS IN CARE RESEARCH

Too often hospital discharges lead to a revolving door of readmissions. Nearly one in five Medicare patients is readmitted to a hospital within 30 days of discharge, leading to $26 billion in wasted healthcare resources annually. Many of these readmissions are preventable, and as a result, hospitals are designing new discharge planning processes and implementing innovative intervention strategies to improve transitions of care. Recognizing the opportunity to improve patient care and reduce hospital readmissions, beginning in FY13, the Affordable Care Act reduced Medicare payments for hospitals with excess readmissions.

Medication non-adherence and adverse events attributed to medications are a leading cause of hospital readmissions. Consequently, medication management has been described as an essential component of any discharge process. For hospitals actively seeking to reduce readmission rates, components of medication management such as medication reconciliation and improving adherence to discharge medications are central to improving patient health.

I. Research Objective

The NACDS Foundation aims to fund research evaluating the impact of integrating community pharmacist-provided medication management into the hospital discharge process on readmissions for patients with pneumonia, heart failure, and/or acute myocardial infarctions. Specifically, this research aims to evaluate the impact of medication management on the following metrics:

- Readmission rates at 30 days post-discharge
- Adherence to chronic discharge medications 180 days post-discharge

The NACDS Foundation especially encourages research proposals that incorporate all of the following interests:

- **Active Hospital and Physician Engagement**: The Foundation is interested in proposals that demonstrate active participation and support from the leadership of participating hospitals and physicians, including participation in the design and implementation of the intervention.

- **Scalability and Replicability**: The Foundation is interested in proposals that have the ability to expand the medication management intervention to populations outside of the study and can be adopted by other health systems and communities.

- **Team Approach**: The Foundation is interested in proposals that bring together multiple community pharmacies to ensure patients have longitudinal access to services post-discharge, continuing beyond the traditional 30-day window.

- **Blended Interventions**: The Foundation is interested in proposals that leverage a multi-pronged approach to improving medication management. Sample

interventions may include a combination of bedside interventions, home visits, community pharmacy-based face-to-face interventions, etc.

- **Data Sharing**: The Foundation is interested in research teams that utilize technology to share the discharge summary and related clinical information with participating pharmacists. In addition, we are interested in teams with an ability to document and share medication management and adherence information electronically with the broader healthcare team.

- **Strong Research Design**: The Foundation is interested in proposals that integrate a robust research design that can stand up to rigorous peer review.

In addition, priority will be given to teams that demonstrate the ability to begin enrolling patients within 120 days of funding announcement. The Foundation is also interested in proposals that engage patients as part of the intervention design.

II. Award Information

The NACDS Foundation's mission is to utilize education, research, and charitable involvement to help people improve their health and quality of life through an understanding of medication therapy and the importance of taking medications appropriately.

Limitations: As a 501(c)(3) charitable and educational organization, the primary purpose of research supported by the NACDS Foundation is to benefit the health and wellness of the public, and to add to the body of scientific knowledge on the applicable topic. Accordingly, the NACDS Foundation supports research whose primary purpose is to benefit the health outcomes of patients and thus, may not focus on business, operations, or systems.

Award Amount: Up to $600,000 per award

Expected Number of Awards: 2

Eligible Entities: Funding is available to research teams led by an academic institution or 501(c)(3) research organization. Research teams may include community pharmacies, hospitals, health plans, technology vendors, and other partners as appropriate, as subcontractors.

Funding Cap: In accordance with NACDS Foundation guidelines, the Facilities and Administrative (indirect) costs may not exceed fifteen percent (15%) of the total award amount.

Deadline: September 20, 2013

Anticipated Award Notification: December 2013

III. Proposal Requirements

The NACDS Foundation uses an online grant application management platform. All applicants must make their submission online prior to the 5:00 p.m. EST deadline, September 20, 2013. A link for electronic submissions will open at www.nacdsfoundation.org on or about August 5, 2013. Each research team will be required to provide information on the following domains:

Principal Investigator	Provide the following information for the Principal Investigator • Name, Title, Affiliation • Contact (email, phone, address) • NIH-formatted biosketch ○ Also list the title, funding source, amount, date and role of all recent and ongoing grant-funded research • 501(c)(3) Verification for the Principal Investigator's affiliated organization or public academic institution • Role in the project and time commitment Provide the following information for all other research team members • Name, Title, Affiliation • NIH-formatted biosketch • Role in the project and time commitment
Research Overview	Provide an abstract (1,000 words or less) highlighting the key components of the research proposal.
Project Partners	List all partners involved in this research project including a detailed description of their role in the project: • Hospital(s)/Health System(s) (include individual locations) • Community Pharmacies (include individual locations) • Technology Vendor(s) • Health Plan(s) • Others Please highlight any current or prior transition of care initiatives undertaken by the project partners. Please list all delivery system reform/care improvement programs in which partners are currently involved (e.g., medical home, health home, ACO, Medicare demo or pilot, etc.). Please include a letter of support from senior leadership of all participating organizations affirming commitment to participate fully in the project as proposed. Letters should specifically note agreement to share any data sets proposed in the application, and under what circumstances they will adopt the new intervention if the results warrant.

Patient Population	Describe the patient population that will be targeted for interventions, including information such as geographic location, demographics, sources of coverage, etc. Describe which conditions/disease states will be targeted in the intervention. This must include at a minimum: pneumonia, acute myocardial infarction, and/or heart failure. Other conditions may be included, but please include a rationale or justification for why those conditions were chosen.
Intervention	Describe the medication management intervention(s) that will be provided: 1) At the time of discharge 2) Longitudinally through day 180 post-discharge Also include: How the proposed intervention(s) will be integrated with and complementary to existing care processes provided to patients by other healthcare providers during a care transition. Any preliminary data or pilot testing of the intervention. How the intervention(s) will be delivered (face-to-face, telephonic, bedside, etc.). How patients will be identified and targeted for inclusion in the study. How health information will be exchanged between all relevant partners. Specifically: • How the discharge summary and related clinical information will be shared with the participating pharmacies. • How will medication management services and patients' adherence to discharge medications be documented and shared with the relevant members of the health care team. • Is the proposed technology infrastructure new or is it currently is use by the participants or elsewhere? • How will the participating front-line health professionals gain visibility to outcomes so that they may continually review their results and drive improved performance? Please describe the extent to which patients will be engaged in the design of the proposed intervention(s).

Implementation	Detail the implementation plan, including the lead-time necessary to enroll the first patient. Outline the training that will be provided to participating healthcare providers, as well as the support and monitoring that will be provided throughout the project to ensure successful implementation of the intervention.
Research Design	Provide a detailed description of the overall project design, specifically outlining: • The type of study design that will be used. • Information on the projected sample size for the research project, along with the appropriate power calculations. • Estimated study duration necessary to enroll and subsequently follow-up on the appropriate number of patients. Consider providing historical discharge data from the partnering hospitals to facilitate this estimation. • Describe the control population for your study. • A timeline for completion of the project along with expected milestones throughout the study period.
Evaluation	**Primary Outcome** Describe how you will leverage your data sources to calculate 30-day hospital readmission rates for the conditions you have selected using the appropriate NQF metrics as a guide. For example, if your intervention is targeted to a specific condition, the outcome should be the readmission rate for that specific condition. Explain how you will perform risk-adjustment for the readmission measure. Explain how you will account for readmissions that occur at other facilities that are not part of the project partners. Explain how you will account for patients who return to the hospital but who are assigned to observation rather than admission status. **Secondary Outcome** Explain your process to measure and assess adherence to chronic discharge medications, including primary medication non-adherence and 180-days post-discharge (using PQA metrics). List any additional outcomes that will be evaluated, including clinical, economic, and/or utilization measures. List the data use agreements that will need to be in place between partners to obtain and access the necessary data.

Challenges	The NACDS Foundation recognizes the challenges in longitudinally coordinating an intervention across healthcare settings. Please identify the biggest challenges facing your team's successful implementation of this project as proposed, and strategies to overcome these barriers.
Research Logistics	Please list your plan to achieve IRB-review, informed consent, and human subjects protection.
Dissemination Plan	Provide the strategy the research team will use to disseminate the findings of the research to a broad health care audience. This should include, but not be limited to, specific peer review journals.
Budget	Provide a detailed budget, listing all anticipated costs and in-kind contributions necessary to conduct the research project. A structured budget template is provided in the electronic grant submission platform, and available for download at www.nacdsfoundation.org

Proposal Deadline and Contact Information
All questions related to the RFP objectives, requirements, instructions, and terminology should be submitted to Alex Adams via email (aadams@nacds.org). Please identify yourself, provide contact information, and note the items that require clarification. Please note that applicants who fail to report a known or suspected problem with the RFP or fail to seek clarification and/or correction of the RFP shall submit a proposal at their own risk.

The NACDS Foundation will continue to electronically accept full proposals until close of business (5:00 p.m. EST) on **September 20, 2013**. All supporting materials must be included with the proposal at time of submission.

Proposals for consideration must be submitted to the NACDS Foundation via the electronic grant management platform, which will be made available on www.nacdsfoundation.org on or about August 5, 2013.

IV. General Terms and Conditions

Confidentiality of Proposals
The content of submitted proposals will be held in confidence by NACDS Foundation to the extent that it will not be divulged to any other proposer. Notwithstanding the foregoing, the NACDS Foundation expressly reserves the right to have the proposal analyzed or reviewed by an independent review committee and by any other third party under obligation of confidentiality to the Foundation.

Contractual Obligations
Neither this RFP nor the selection of a proposal by the independent review committee shall constitute an offer to contract to conduct the research. Only a written grant agreement executed by both the Foundation and the selected researcher will create any obligations on behalf of either the Foundation or the researcher.

RFP and Negotiation Cancelation
The NACDS Foundation reserves the right to amend or cancel this RFP for any reason at any time, with or without notification. The NACDS Foundation reserves the right to stop grant negotiations at any time prior to the execution of a written grant agreement without liability or further obligation.

Post-submission Communication
The NACDS Foundation reserves the right to ask questions about or request a presentation regarding a submitted proposal. The NACDS Foundation reserves the right to hold an on-site visit to finalist applicants.

Cost for Proposal Preparation
Costs incurred in the development and submission of the proposal will be the sole responsibility of the proposer and cannot be charged to the NACDS Foundation nor included in any cost element of the proposal.

Proposal Selection
The NACDS Foundation reserves the right to accept or reject any or all proposals and may enter into negotiations with any researcher without prior notification to any other researcher. The NACDS Foundation shall have the sole right and option to use whatever evaluation and selection criteria it deems appropriate in selecting a researcher; however, the following criteria will be strongly considered during such evaluation and selection:

- Evidence that the researcher can develop a sound evaluation methodology and design.
- Evidence that adequate staffing resources are available to complete the research on time.
- Evidence that researcher has previously completed research similar in size and scope.
- Interventions identified hold promise to meaningfully improve patient health outcomes and reduce hospital readmissons.
- Interventions identified in proposal can be efficiently implemented across a wide range of community pharmacies and hospital settings.
- Involvement of multiple healthcare providers.
- Researcher's plan for public dissemination of findings.
- Researcher's budget.
- Researcher's agreement to the NACDS Foundation's restricted grant requirements.

Restricted Grant Agreement Process
The award of grant money will be conditional on the research team entering into a restricted grant agreement with the NACDS Foundation. It is the NACDS Foundation's intention to provide active oversight to the research project, and this may include, but is not limited to, regular conference calls with the research team and observation of the research project in action. The NACDS Foundation support shall be recognized on any publicly distributed materials.

Statement of Understanding of Terms and Conditions
Submitted proposals must contain a signed statement by an authorized representative that indicates understanding of the requirements of the RFP, and agreement to be bound to the terms and conditions of the proposal.

V. Frequently Asked Questions

- **Is there a limit on the indirect costs (also known as Facilities & Administration costs) that may be included in the budget?**
  Yes. The NACDS Foundation has a policy that no more than 15% of any funds awarded can be used for Facilities & Administrative (F&A) costs.

- **Is there an anticipated kick-off date for the study?**
  The award notification(s) are expected to be made in December 2013 and ideally the project would initiate shortly thereafter and begin enrolling patients within 120 days. Please outline your rationale for the proposed kick-off date in the application, including the lead-time necessary to enroll your first patient.

- **Is there an anticipated duration of study?**
  The NACDS Foundation has allowed prospective researchers flexibility in this area, but anticipates selected proposals span roughly two years, including:
  - Begin enrolling patients within 120 days.
  - Enroll patients and provide interventions for approximately one year in duration.
  - Extend data collection an additional 180 days beyond the intervention.

  In addition, teams should account for time to develop a manuscript and disseminate findings. Please outline your rationale for the proposed study duration in the application, including the applicable sample size and power calculations.

- **How will proposals be evaluated?**
  An independent review committee will make nominations based on priority to the NACDS Foundation.

For more information, please visit www.NACDSFoundation.org, or contact Alex Adams (aadams@nacds.org; 703-837-4232).