

Community pharmacist involvement in transition of care services in an effort to decrease hospital readmission.

Presentation by: Joe Miles, PharmD, PSM-BHIC
SUNY Oswego, Biomedical and Health Informatics

Patton AP, Liu Y, Harwig DM, May JR, Moon J, Stoner SC, Guthrie KD. (2017) Community pharmacy transition of care services and rural hospital readmissions: A case study. *Journal of the American Pharmacists Association*. 57: S252-S258. DOI: <http://dx.doi.org/10.1016/j.japh.2017.02.019>



Case Study Background

- Research funded by the American Pharmacists Association (bias?)
- 20% of Medicare patients discharged from a hospital are readmitted within 30 days representing a cost of \$12 to \$44 billion yearly.
- Only 12% to 34% of discharge summaries reach the post-discharge follow-up visit and often lack important information including diagnostic test results, treatment course, discharge medications, patient counseling, and follow-up plans.
 - “Poor information transfer can lead to worsened patient outcomes and readmissions.”

Comprehensive Medication Review (CMR) versus medication reconciliation.

- CMR is “a systematic process of collecting patient specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them with the patient, caregiver, and prescriber.”
- Medication reconciliation is simply figuring out the names, doses, and instructions for the medications.
- Which provider should perform these interventions? (“**Provider**” being the key word.)
 - Remember who sponsored this study?
 - Pharmacists do not have provider status from Centers for Medicare & Medicaid Services, and this case study is attempting to add to the argument for making pharmacists a provider status.

The Study Design.

- 18 patients were identified, 13 consented, 3 were transferred to other care, and 1 patient was lost to follow-up.
- A community pharmacist followed-up with the patients within 72 hours of discharge (2 in person, 7 over the phone).
 - They completed a CMR.
 - SOAP note was recorded and sent to the primary care provider
 - (when there was a PCP)
- 7-day and 30-day follow-up
 - Assessment of obstacles of medication adherence
 - Abbreviated HCAHPS survey (Hospital Consumer Assessment of Healthcare Providers and Systems).

7-day Follow-Up.

- The pharmacist called the patient again to assess information retention.
 - Not surprising: the study claims that “the majority of patients recalled specific education points related to their medications.”
 - Patients also remembered details about the self-management of their disease states (Heart Failure [n=3], COPD [n=5], Pneumonia [n=3]).
- Administration of Medication Access and Adherence Tool assessment
 - Do you need your medication, will you take your medication, how often do you skip doses, are medications affordable, do your medications give you adverse effects?
 - Eight of nine patients had at least one identified barrier to medication access or adherence.

30-day Follow-Up.

- Pharmacist contacted the patient to find out about hospital readmission or emergency department utilization.
 - None of the 9 subjects had returned to the hospital.
- The patient was also given an abbreviated 8-question HCAHPS survey over the phone.
 - Unclear how anonymous this survey was, especially when administered during the follow-up call.
 - Unsurprisingly, the pharmacy scored very well

8-question HCAHPS survey (part 1)

Impact of community pharmacist-led transitions of care services on rural hospital readmission rates: a pilot study

Patient Satisfaction with Pharmacist intervention during transitions of care

Study Participant #__ - __

Patient Satisfaction Survey

1. During the initial visit, did the pharmacist explain things in a way that was easy to understand?

Yes, definitely

Yes, somewhat

No

2. Did the pharmacist listen carefully to you?

Yes, definitely

Yes, somewhat

No

3. Did the pharmacist give you easy to understand information about your health questions or concerns?

Yes, definitely

Yes, somewhat

No

4. Did they show respect for what you had to say?

Yes, definitely

Yes, somewhat

No

8-question HCAHPS survey (part 2)

5. Did they spend enough time with you?

Yes, definitely

Yes, somewhat

No

6. Did they give you instructions about how to take your medicines?

Yes, definitely

Yes, somewhat

No

6a. If yes, were these instructions about how to take your medicines easy to understand?

Yes, definitely

Yes, somewhat

No

7. Are you pleased with the care you received?

Yes, definitely

Yes, somewhat

No

8. Do you have any comments about the service provided?

Outcomes.

- Access to laboratory values and discharge summaries allowed pharmacists to identify significant drug-related problems.
- Patients were satisfied and may have benefitted from the added attention from the pharmacist.

Limitations.

- “Resolution of drug-related problems was not included as an outcome of this study.”
 - because the pharmacy has no access to the patient’s medical record, there was no way for the pharmacist to confirm if suggestions made in their SOAP note were acted upon by the PCP.

Transition of Care = Continuity of Communication

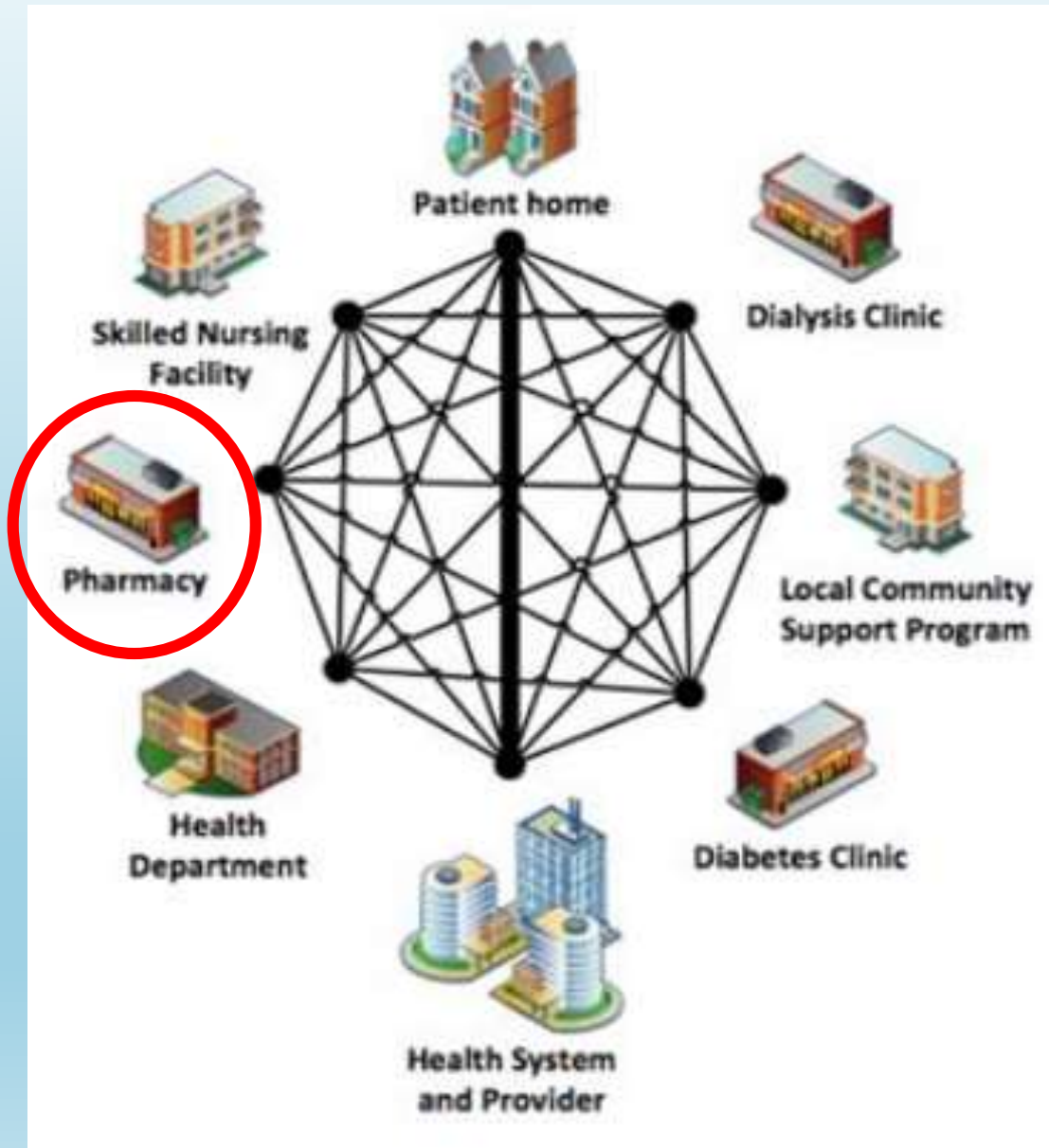
- Transition of care may have been improved by the initial encounter with the pharmacist, but the breakdown of communication seems to be merely delayed until the pharmacy to PCP transition
- The Information Technology resource of a longitudinal Electronic Health Record is lacking:
 - no common repository for information necessary for all care providers to deliver appropriate transition of care.

Where the rubber meets the road

- Medicare allows billing for transition of care services and reimburses approximately \$172.66 per patient
 - Requires face-to-face encounter.
 - However, pharmacies are not able to bill for this service.



An Ideal Matrix for Healthcare Information Sharing



- Substitute “Pharmacy” with psychiatric therapist, physical therapist, occupational therapist, *fill-in-the-blank* therapist, etc.
- All healthcare professionals feel a need to be in this graphic, but the reality is, they aren’t all included in this matrix, literally and figuratively.

Bosworth HB, Zullig LL, Mendys P, Ho M, Trygstad T, Granger C, Oakes MM, Granger BB. (2016). Health Information Technology: Meaningful Use and Next Steps to Improving Electronic Facilitation of Medication Adherence. *JMIR Medical Informatics*. 4:1, e9. DOI: 10.2196/medinform.4326

Rupp, MT. (2018). Assessing Quality of Care in Pharmacy: Remembering Donabedian. *Journal of Managed Care & Specialty Pharmacy*. 24: 4, 354-356.

- “While the assessment of patient outcomes is an important component in the assessment of quality, there are some caveats that must be considered so that we do not place more weight on them than they are able to bear.”
- “Just because poor outcomes occurred in selected patients does not mean that poor care was provided.”
- “Even if patient medication adherence could be accurately measured and valid targets established, the degree to which it is indicative of the quality of care provided by the pharmacist or pharmacy organization is questionable.”
- “We still have a way to go before we are able to legitimately measure, compare, and contrast the quality of care delivered from different pharmacies or by different pharmacists, give the current state of the science and art of quality assessment.”
- Quality care may be partially defined as “Care with Integrity.”

Conclusion

- Even if a pharmacist can improve transition of care, it is not realistic to declare success until everyone in the healthcare team is working from the same patient health record.
 - Patient centric care involves a multi-disciplinary team, so it is not about the hospital, pharmacist, or the primary care provider as separate pieces, it is the cohesion of all the stakeholders including (particularly including) the patient.
- And, unfortunately, without financial backing, pharmacies probably won't be able to spare the resources necessary to be an active part of transition of care.
- Questions?
- Contact information: Joe Miles <jmiles3@oswego.edu>