

PHARMACIST IMPACT ON TRANSITION TO HOME AFTER HOSPITALIZATION: AN EVALUATION OF 30-DAY READMISSION RATES

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IRB not needed

Disclosure

- Aspen Klawitter
- Potential conflicts of interest: None
- Sponsorship: None
- Proprietary information or results of ongoing research may be subject to different interpretations
- Speaker's presentation is educational in nature and indicates agreement to abide by the non-commercialism guidelines provided

Learning Objective

At the conclusion of this presentation, participants will be able to:

- Recognize a need for pharmacist involvement in transitions of care

Benefis Health System – Great Falls, MT

- Level 2 trauma center in central Montana
- Fixed-wing and helicopter provide regional coverage
- 530 licensed beds
 - 293 inpatient beds



Pre-Test Question

- Which of the following is not a barrier to a patient's successful transition home?
 - A) Multiple providers
 - B) Medication discrepancies
 - C) Limited health literacy
 - D) Medication counseling

Background

- ACA's Hospital Readmissions Reduction Program (HRRP)
 - Requires CMS to reduce payments to hospitals with excess readmissions
 - Heart failure, COPD, acute MI, pneumonia, CABG surgeries, elective THA/TKA
- COPD, heart failure, and diabetes increase risk of readmission
 - Complex and expensive drug regimens

Readmissions Reduction Program (HRRP) (3/20/2018), Centers for Medicare and Medicaid Services Web site. Available at: www.cms.gov. Accessed April 1, 2018.

Background Continued

- Transitions of care pharmacy
 - Improves patient outcomes
 - Reduces drug-related problems
- Benefits Health System
 - No transitions of care pharmacy at discharge
 - Provider medication review
 - Nurse counseling

Casiano A. ASHP-APHA Medication Management in Care Transitions Best Practices (2/2013). Available at: www.ashp.org. Accessed April 1, 2018.

Objectives

- Impact of pharmacist interventions on:
 - 30-day all-cause readmission rates
 - 30-day walk-in or emergency department presentations
 - Drug-therapy problems

Methods

- Inclusion criteria:
 - Primary diagnosis related to or new diagnosis of COPD, HF, or diabetes
 - Discharged to home without services
- Exclusion criteria:
 - Children <18 years old
 - Discharged to a facility or home with home health
- Side-by-side comparator group:
 - Qualifying patients not seen prior to discharge

Methods Continued

Medication therapy review for drug-related problems:

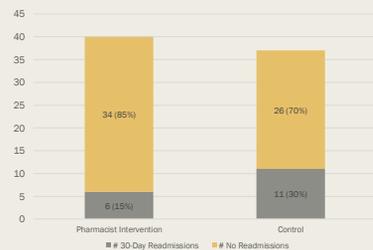
- Correct dosing
- Drug-drug interactions
- Drug-disease interactions
- Barriers to adherence
- Wrong drug for indication
- Unnecessary drug therapy
- Need for additional therapy

Medication counseling

Results - Demographics

Variable	Pharmacist Intervention (n=40)	Control (n=37)
Age, mean ± SD, yr	60.8 ± 18.4	62.3 ± 17.0
Sex, male, No. (%)	15 (38)	21 (57)
Race, Caucasian, No. (%)	29 (73)	26 (70)
Recorded PCP, No. (%)	24 (60)	26 (70)
No recorded PCP, No. (%)	9 (23)	5 (14)
Inclusion diagnosis, No. (%)		
Diabetes	16 (40)	13 (35)
Heart failure	14 (35)	13 (35)
COPD	10 (25)	11 (30)
LOS, mean ± SD, days	3.7 ± 3.5	3.1 ± 2.8
LACE score, mean ± SD	7.5 ± 2.4	7.2 ± 3.0

Results - 30-Day Readmissions



Results Continued

Variable	Pharmacist Intervention (n=6)	Control (n=11)
Days until readmission, mean \pm SD	6.8 \pm 6.1	10.9 \pm 7.8
30-day same-cause readmission, No. (%)	5 (83)	9 (82)

- Walk-in/emergency department data not significant
- 7 (18%) drug-related problems identified with provider notification
 - 4 medication changes based on recommendations

Discussion

- Randomization
- Hospital provider vs PCP
- Outside health system access
- Post-discharge follow-up
- Time and resources
- Non-measurable outcomes

Conclusion

- Pharmacy involvement in transitions of care may help prevent 30-day readmissions in patients with COPD, HF, and diabetes
 - Medication therapy reviews to identify drug-related problems prior to discharge
 - Counseling from pharmacists to help patients understand why and how they should take their medications
- More work needs to be done to integrate pharmacists into transitions of care

Post-Test Question

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Questions?

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