

KENNEDY

PHARMACY INNOVATION CENTER

Impact of a pharmacist-provided transitions of care service on medication-related problems and readmission rates at an employer-based health center

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BACKGROUND

- Hospital readmission rates continue to cost the healthcare industry millions of dollars every year indicating the need for transitions of care (TOC) services.^{1, 2}
- The purpose of TOC services is to provide continuity and coordination of care to patients transferring between different health care settings by offering medication reconciliation, identifying medication-related problems and providing appropriate patient education.^{1, 3}
- Pharmacist-provided TOC services have been shown to reduce adverse drug effects and hospital readmissions.¹

OBJECTIVES

Primary Outcomes

- To evaluate the impact of a pharmacist-provided transitions of care service on urgent care (UC) and emergency department (ED) readmission rates for patients of an employer-based health center.

Secondary Outcomes

- To track the number of medication-related problems identified during transitions of care encounters.

METHODS

- The study took place at the Associate Family Health Center in Greer, SC. The AFHC serves employees and dependents of a manufacturing plant.
- Patients received TOC services if they listed the AFHC as his or her medical home, were at least 18 years of age, and were admitted to the UC or ED for an acute reason.
- Beginning in June 2018, the TOC pharmacist received notifications through the electronic health record when patients were admitted to or discharged from UC and ED.
- Within 2 days of discharge, the TOC Pharmacist reviewed patient records, including discharge summaries, and contacted them telephonically.
- During the encounter, the TOC pharmacist conducted a comprehensive medication review, reconciled the patient's medication list, and identified and resolved any medication-related problems.
- A standardized form was used for documentation.
- Readmission rates were recorded at 1, 3, and 6 months post-TOC encounter.

PRELIMINARY RESULTS

Table 1. Patient Demographics

Patient Demographics	Number (N=106)	Range or Percentage
Average Age (years)	43	Range (18-66)
Male	58	54.72%

Figure 1. Readmission Rates

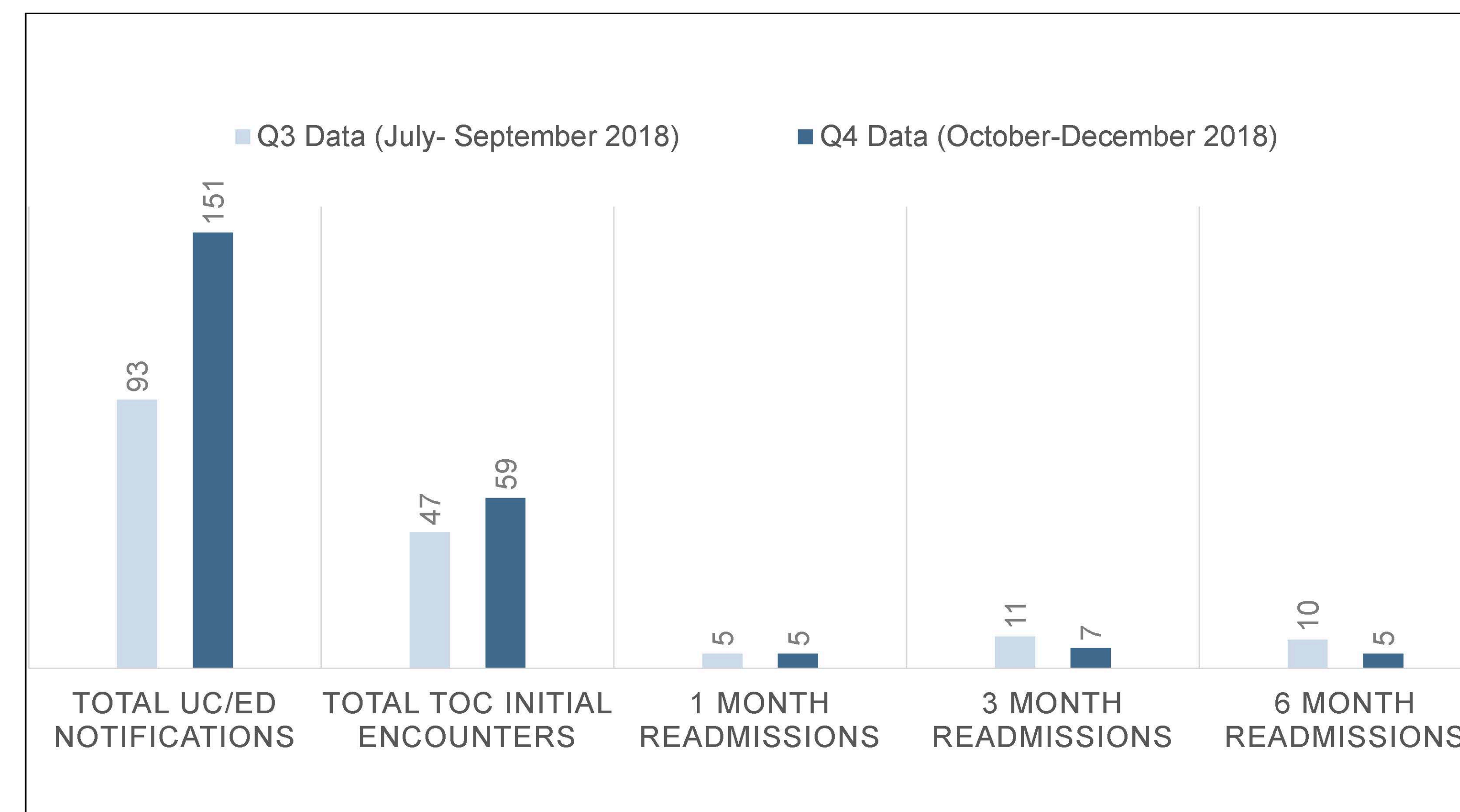
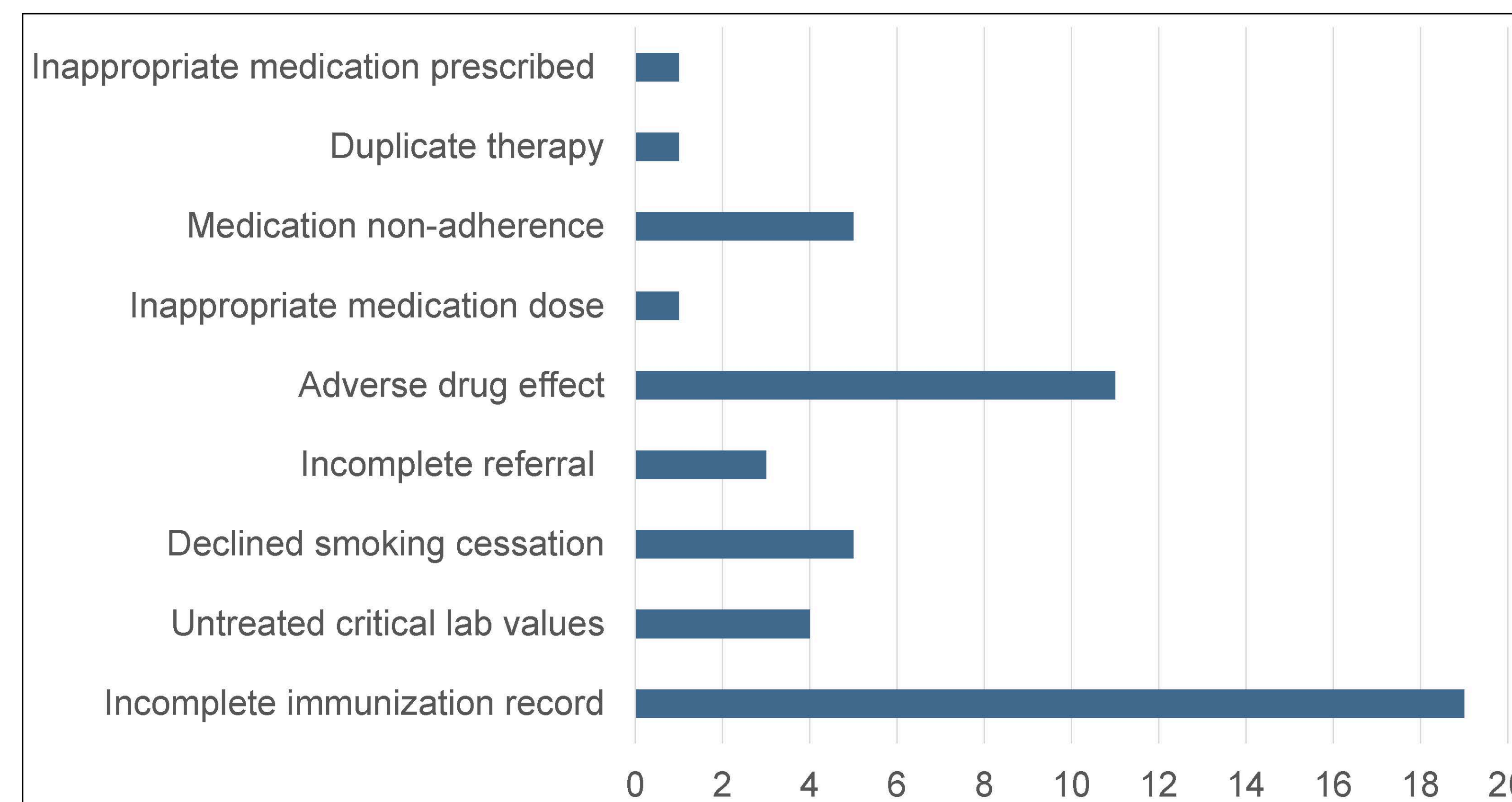


Figure 2. Number of Medication Related Problems Identified by Category



LIMITATIONS

- The TOC pharmacist had limited access to UC and ED visit summaries from sites using different electronic health record platforms.
- The data does not include patients with another primary care home.
- Study duration limits ability to assess long term impact of TOC services.
- Unable to access accurate EHR reports to limit manually tracking.
- Inability to control for the number of acute/same day appointments available at the AFHC could impact readmission rates.
- The current student did not evaluate the impact on hospital admission rates.

CONCLUSIONS

- Pharmacist provided TOC services through an employer-based health center appears to decrease 3- and 6-month readmission rates to UC and ED.
- Further research is needed to demonstrate full impact of a pharmacist-provided TOC service in an employer-based health center
- Patient reported reasons for readmission could serve as a quality improvement measure for the AFHC.

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Disclosures

Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation:

Kneece: none Fabel: none McEvoy: none

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