Thinking Beyond the Hospital Walls: Readmission Reduction Strategies for Pharmacists

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Pharmacist Objectives

- Discuss non-traditional and evolving roles for pharmacists as members of the healthcare team
- List key drivers for hospital readmissions
- Explain the important role of the pharmacist during transitions of care
- Discuss how what happens outside the hospital directly impacts care in the hospital
Technician Objectives

- Discuss how what happens outside the hospital directly impacts care in the hospital
- List key drivers for hospital readmissions
What do you want to be when you grow up?

Consulting

Pharmacist

Home Care

Academia

Industry

Hospital ↔ Ambulatory Care
Pharmacy: A Nimble Profession

Identify a need

Fill the void

Create a new clinical practice area
Drivers of Current Paradigm Shift

- *Significant change in reimbursement* (and a whole new vocabulary)
  - Affordable Care Act
  - Value-based purchasing
  - Accountable Care Organizations
  - Meaningful Use

- Age of consumer-driven care
Affordable Care Act

- Better Quality
- Reduced Cost
- Better Health
Value-Based Purchasing

- Medicare spending per pt
- HCAHPS scores
- 30-day mortality rate
- CLABSI
- AHRQ score
- Abx selection & duration
- PCI within 90 min for MI

Efficiency (20%)

Outcome Measures (30%)

Patient Experience (30%)

Process of Care (20%)
Accountable Care Organizations

• Groups of doctors and hospitals who come together to give coordinated high quality care to their Medicare patients

• Goal - to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

• Shared savings model

• Can’t be an ACO if we aren’t accountable for medications!
Meaningful Use

- History of the HITECH Act
- Incentive payments for the *meaningful* use of electronic health information technology
- Carrot vs. stick approach
MU Staging Methodology

It shouldn’t be about the money!!

Stage 1: Data capture and sharing

Stage 2: Advance clinical processes

Stage 3: Improved outcomes
Meaningful Improvements to Patient Care?

- In 2001, 18% of physicians reported having an EHR compared to 78% in 2013.
- 2/3 of physicians report their intentions to participate in the EHR incentive program.
- Nearly 8 out of 10 physicians reported overall improved patient care with EHR use.
- 62% caught potential med errors
- 65% caught critical lab values

Patient Flow

- PCP
- Hospital
- ECF
- Consultant Physicians
- Lab & Rad
- EMS
- Home Care
- Community Pharmacy
Readmissions...
Readmissions by the Numbers

- Nearly 1 in 5 Medicare patients are readmitted within 30 days of hospital discharge
  - 2 million patients at a cost of $26 billion
  - $17B is spent on avoidable readmissions
- 2,610 hospitals face readmission penalties for FY 2015
  - Calculation based on AMI, CHF, pneumonia COPD, hip/knee
  - Cost $428 million

Why are patients readmitted?

- Patients may not fully understand what’s wrong with them.
- Patients may be confused over which medications to take and when.
- Hospitals don’t provide patients or doctors with important information or test results.
- Patients do not schedule a follow-up appointment with their physician.
- Family members lack proper knowledge to provide adequate care.
What are your readmission rates?

• If you don’t know - your patients do!
  ▫ [www.hospitalcompare.gov](http://www.hospitalcompare.gov)
  ▫ **data is from July 2009 - June 2012 **
  ▫ The great work you do TODAY to decrease readmissions won’t be realized for another 12-18 months

• Not all readmits are created equal!
  ▫ 30-day all-cause vs. disease specific rates
Southwest General
Heart Failure Readmissions at Southwest General

2015 Goal = 13%
Pneumonia Readmits

2015 Goal = 12%
Acute MI Readmissions

2015 Goal = 10%
COPD Readmits

2015 Goal = 16%
How can YOU impact the readmission rate at your hospital?

- Chronic conditions often play an important role and may not be related to the reason for index hospitalization.
- 25-30% of prescriptions written are never filled!
  - Discharge prescription program
- Educate your patients!
  - Assess for medication adherence barriers
- Schedule f/u appointments in YOUR clinics prior to discharge
Pharmacy’s Role
Begin with the end in mind...

**Admission**
- Accurate medication history

**Hospital**
- Problem resolution
- Clinical pharmacy services

**Discharge**
- Medication education
- “Ticket-to-Discharge”
- Meds–to-beds & Medication assistance programs

**Follow up**
- Ambulatory Clinics (anticoag, COPD, CHF, wellness visits)
- Discharge phone calls
Outward-In Approach at Southwest General

- Pharmacy technician-led medication history documentation program (3.8 FTE)
  - ED, Pre-admission testing, direct admits
  - Interview patient
  - Pull external Rx history from SureScripts
  - Call community pharmacy if needed
- Capturing ~95% of admitted patients
- Not 24 hour operation at this point
Outward-In Approach at Southwest General

Discharge Pharmacists  Decentralized integrated pharmacists
Discharge Pharmacists

- Discharge Pharmacists (2.5 FTE)
  - Review discharge med rec *after* physician completes
  - Clarify discrepancies with physician
  - Review core measure compliance
  - Work with medication assistance program specialist as needed
  - Provide limited patient education
New Decentralized Pharmacist Model

- Decentralized clinical hybrid role (4.5 FTE)
  - Order verification & traditional clinical pharmacy activities
  - Discharge counseling
  - Discharge med rec review *after* completed by physician
  - Copay assistance
  - Facilitate our meds to beds program through our Community pharmacy

- Evaluating process for operational (throughput) efficiencies
Summary

• We are a nimble, innovative profession, perfectly poised to have an important role in readmission reduction strategies
  ▫ But we can’t do it alone!

• It’s imperative to understand how patient’s care outside the hospital directly impacts the care received in the hospital
Questions?