ASHP BEST PRACTICES AWARD

Impact of a Centralized
Pharmacy Transitions of Care
Program on 30-Day Hospital
Readmission Rates for Patients
Discharged from Contracted
Skilled Nursing Facilities

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Authors have nothing to disclose.



Introduction

Healthcare Facility

- Founded in 1945
- Not-for profit health system
- > Kaiser Foundation Health Plan, Inc.
- Xaiser Foundation Hospitals
- The Permanente Medical Group, Inc., a physician group practice
- Services Northern California communities
- 4.3 million members
- > 21 hospitals
- > 253 medical offices
- > 1 Post Acute Care Center (SNF)
- > ~80 Contracted SNFs

Pharmacy Services

- Inpatient Pharmacy
- Emergency Department
- Ambulatory Care Clinics via Collaborative Practice Agreement (including Oncology Pharmacy Services)
- Outpatient Pharmacy
- Centralized Services
- Centralized Services for Inpatient Pharmacy
- Centralized Pharmacy Call Center
- Mail Order Pharmacy
- Continuum Pharmacy
- Home Infusion Pharmacy
- Specialty Pharmacy

Background

- 1.3 million residents in skilled nursing facilities (SNFs) in 2015-2016¹
- 1 in 4 patients discharged from SNF are readmitted within 30 days²
- Pharmacist-led medication reconciliation reduces readmission rates in patients discharged from hospital^{3,4}

Introduction (continued)

- Medication reconciliation at SNF discharge could allow for:
- > Early identification of medication discrepancies
- Improved transitions of care
- Decreased hospital readmissions

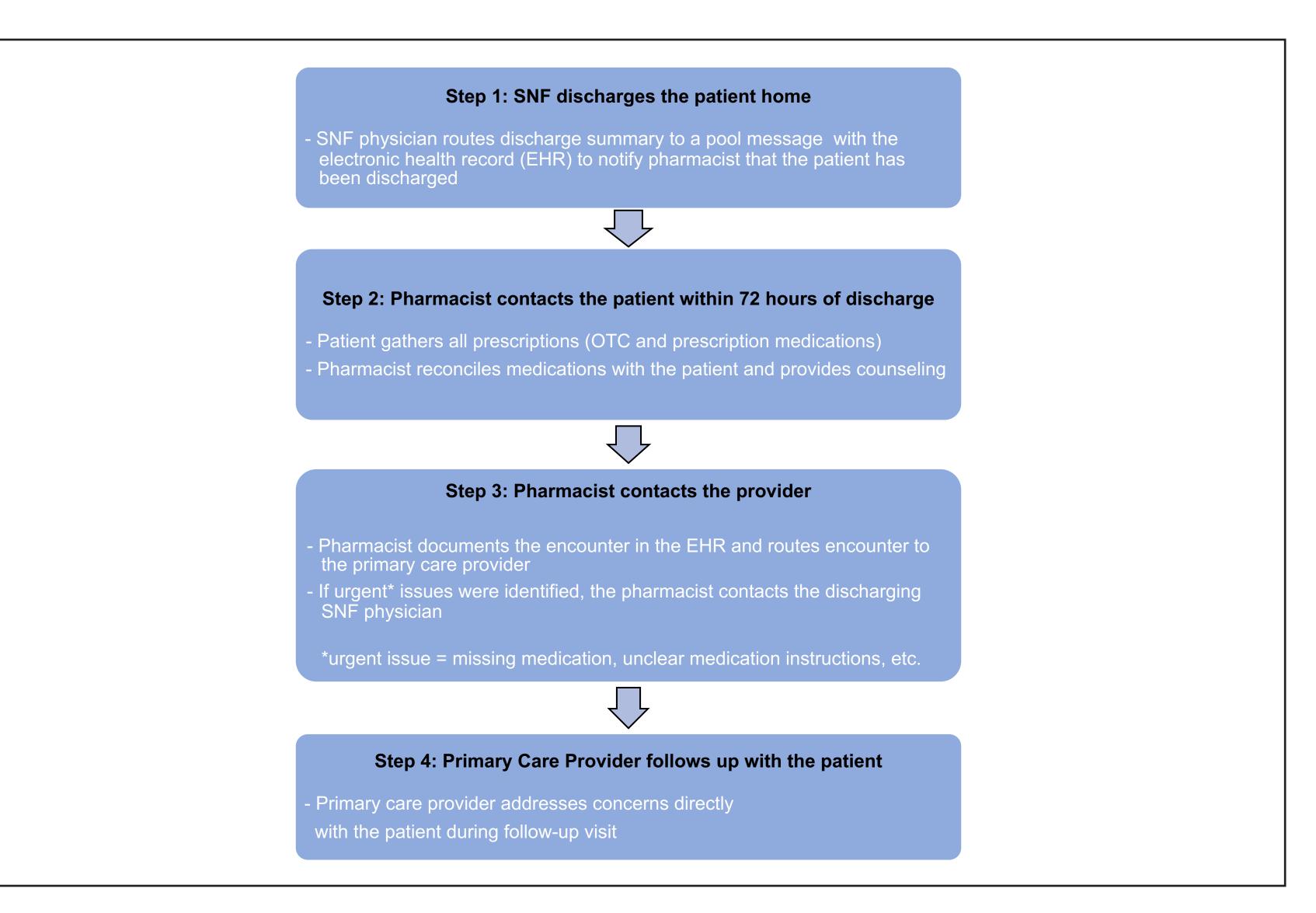
Purpose

 Enhance care coordination and decrease hospital readmissions through early detection and mitigation of potential drug-related issues

Description of the Program

- Skilled Nursing Facility (SNF) Discharge Medication Reconciliation (Med Rec) Program
- Pharmacy Call Center pharmacists perform medication review and reconciliation for patients transitioning from SNF to home/assisted living facility via telephonic consult
- Target Population: Patients discharging from SNF to lower level of care
- Exclusion: Hospice, Rehab Hospital
- Process

ASHP Best Practice SNF DC Med Rec Process Flow



- Outcome Metric: Hospital Readmission
- Process Metrics
- Number of patients consulted
- Number of pharmacist interventions
- Types of interventions

Experience with the Program

- Launched in 2017
- Implemented in 25 contracted SNFs across Northern California by December 2018
- Multi-centered retrospective evaluation included
- Control group (Non-SNF Discharge Program Patients)
- Patients not reviewed by pharmacists following SNF discharge
- > Intervention Group (SNF Discharge Program Patients)
- Patients reviewed by pharmacists following SNF discharge

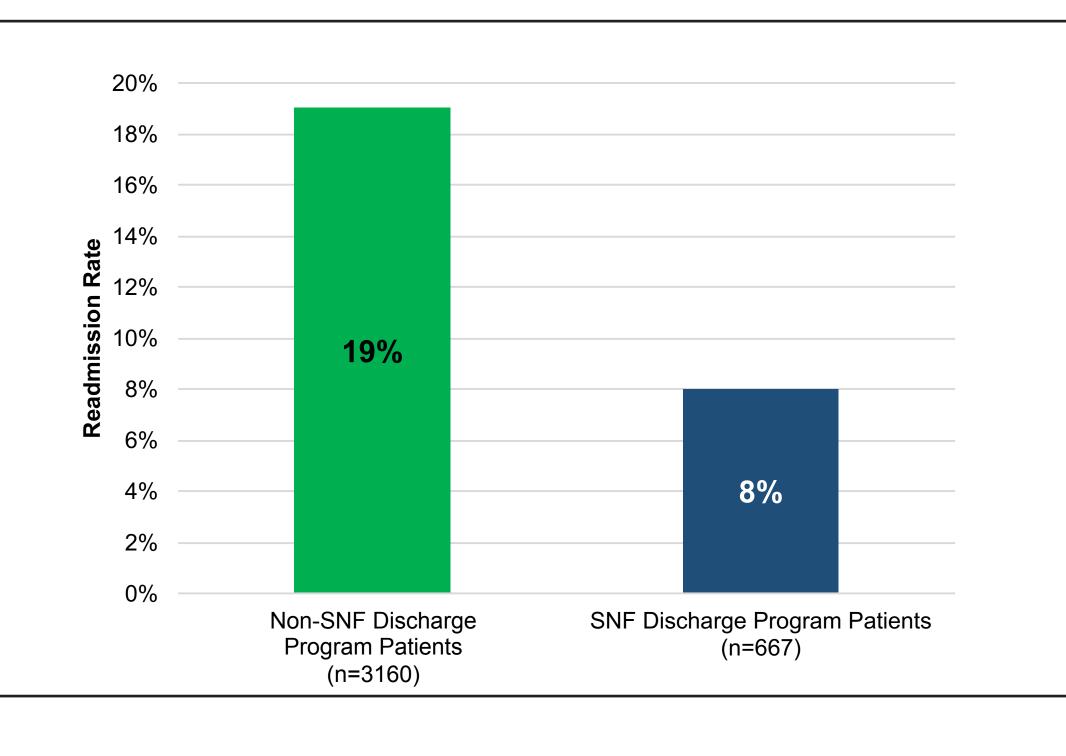
Experience with the Program (continued)

Results

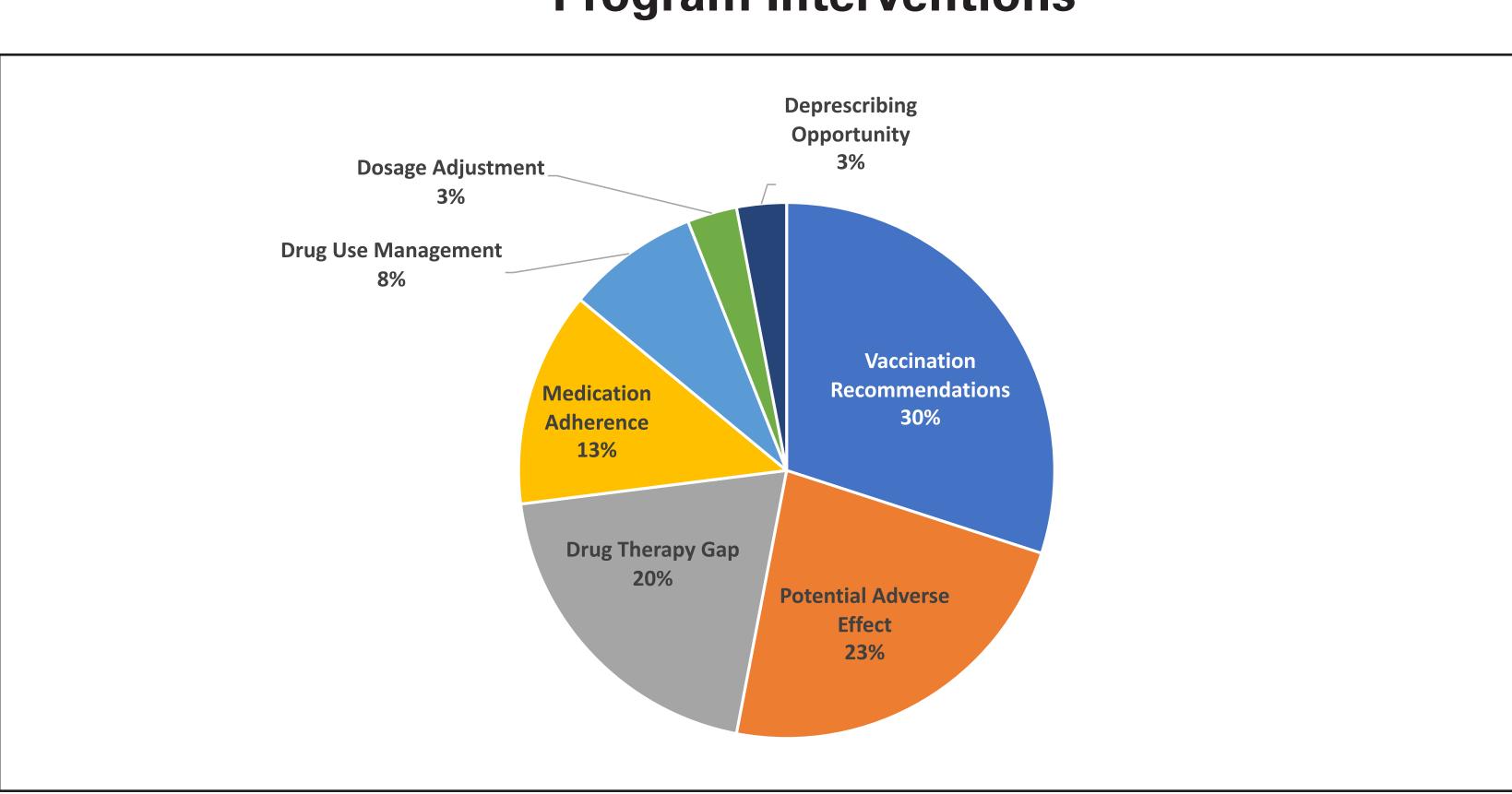
ASHP Best Practice Control and Intervention Patients

	NON SNF DISCHARGE PROGRAM PATIENTS	SNF DC PROGRAM PATIENTS	NUMBER OF SNFs LIVE WITH DISCHARGE MED REC PROGRAMS
2018 Q1	966	25	2
2018 Q2	892	44	4
2018 Q3	730	199	14
2018 Q4	552	399	25
Total	3,160	667	25

2018 Readmission Rates for HEDIS Qualified Patients (30 Days Post Discharge from Hospital to SNF)



2018 SNF Discharge Medication Reconciliation Program Interventions



- Over 90% of patients discharged had at least one pharmacist intervention
- Most common pharmacist interventions
- Vaccination = 30%
- Influenza
- Tetanus, diptheria and pertussis
- Pneumococcal
- Drug Therapy Gaps = 20%
- Inaccurate prescriptions for over-the-counter medications, e.g., diabetic testing supplies
- Antidiabetic agents e.g., insulin
- Potential Adverse Effect = 23%
- Opiates
- Antidepressants
- Proton Pump Inhibitors

Experience with the Program (continued)

Limitations

- There was a phased roll out in 2018. As a result, the volume of patients in the intervention group was small compared to the control group. In addition, patients were not matched for this analysis
- Complexity of discharge process makes it difficult to attribute outcomes solely to the program

Conclusion

- KP NCAL is currently conducting additional analysis to assess the overall impact of the program
- There is a growing aging population with complex medical conditions who experience multiple transitions of care over the course of their disease progression
- Unresolved medication discrepancies may result in serious and preventable adverse events or increased hospitalizations
- Aside from utilization outcomes, the program identified the need for medication interventions.
- Pharmacist-led medication reconciliation programs for SNF patients may enhance quality of care and impact readmission rates

Acknowledgement

- Kaiser Permanente, Northern California
- > Pharmacy Operations
- > Pharmacy Continuum
- > Pharmacy Call Center
- > Regional Continuum
- > TMPG Continuum Leaders
- Continuum of Care
- SNF Directors and Managers
- SNF Physicians
- Kaiser Permanente, Colorado

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