

**Reducing Hospital Utilization
(Readmissions and ED)
Community Pharmacist Transitions
of Care Program (PharmD-TOC)**

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Greater Los Angeles Care Coordination Conference

Los Angeles University of Best Practices (UBP)

Disclosure

- I do not have relevant financial relationships with commercial interest.

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Partners



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Goal

- Reduce hospital re-utilization (readmission and ER utilization) by adding community pharmacists to the care team.

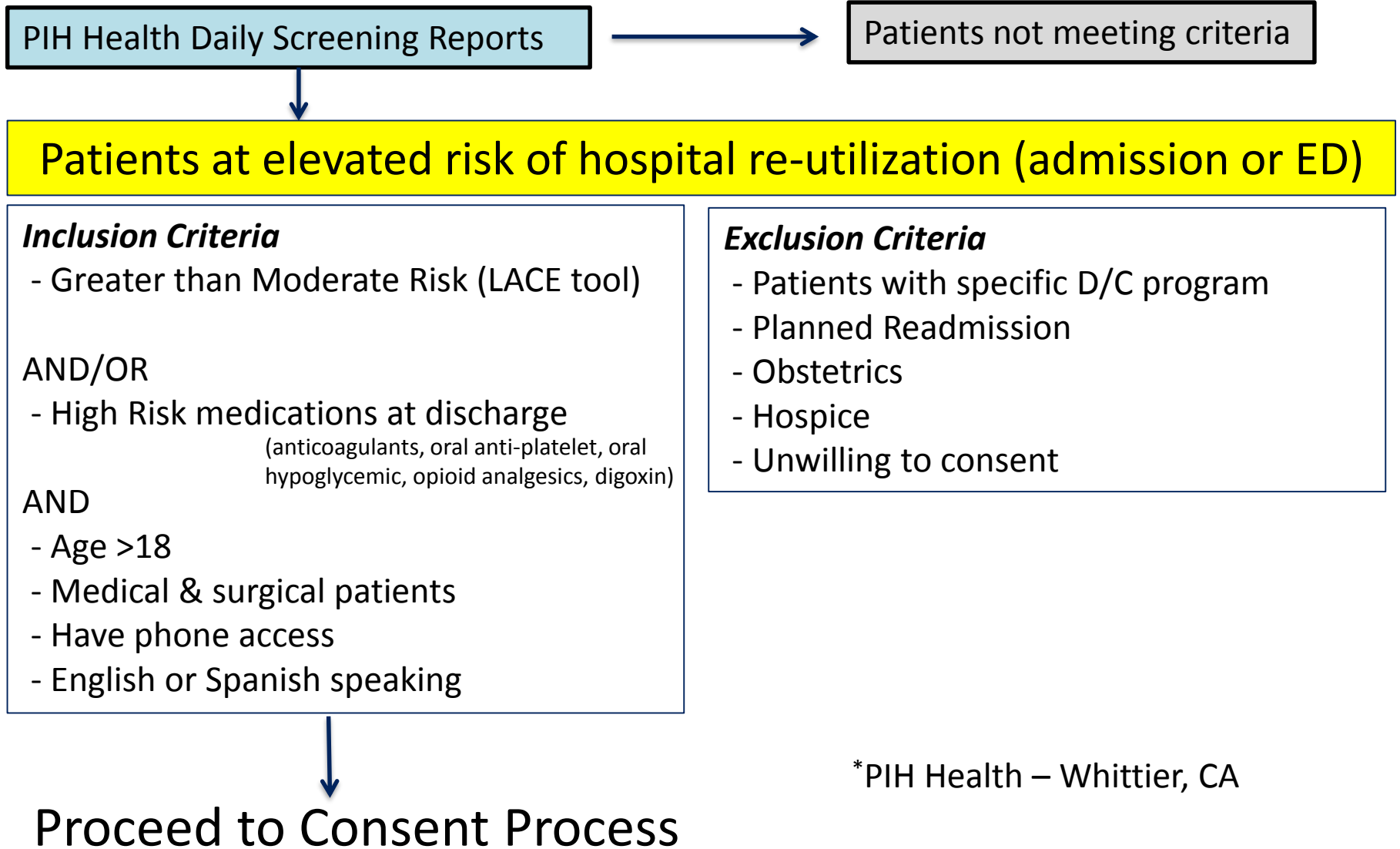
Study Objective

- Conduct and evaluate implementation of a community pharmacy based transitions of care program (*PharmD_TOC*) for high-risk post-discharge patients.

Primary Hypothesis

- Proportion of patients with hospital re-utilization (readmission and ED visits) during 30-days post hospital discharge will be ***lower*** in the ***PharmD_TOC group*** compared to ***Usual Care discharge group***.

SCREENING at PIH Health*



*PIH Health – Whittier, CA

Assessing Risk of hospital re-utilization (admission or ED)

LACE Tool

LACE Components	Points
Length of Stay	1-7
Acuity of Admission	3 if via ED
Comorbidities	5 (up to)
ED visit last 6 months	4 (up to)
Total Possible	19

Medications

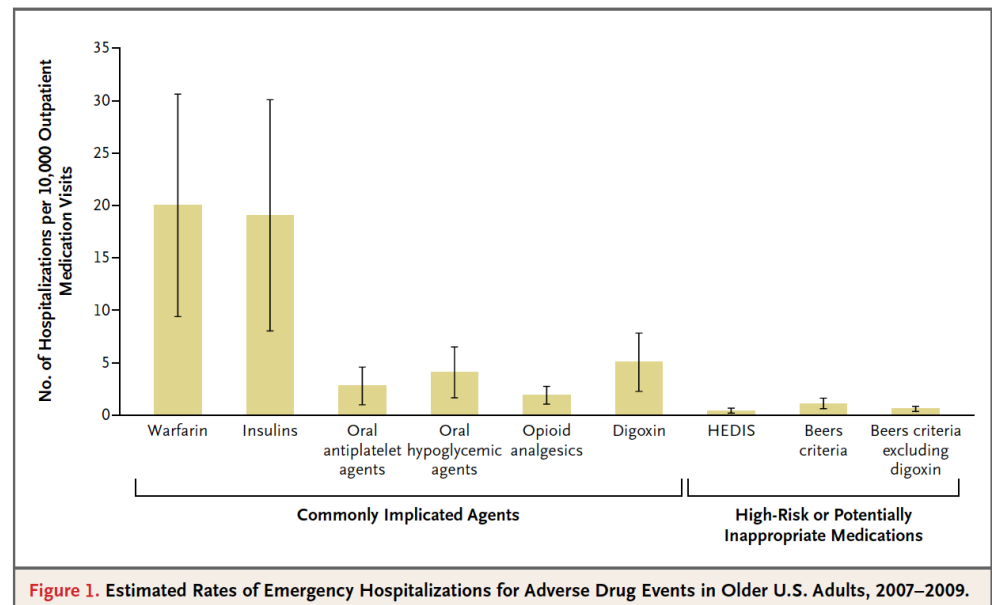
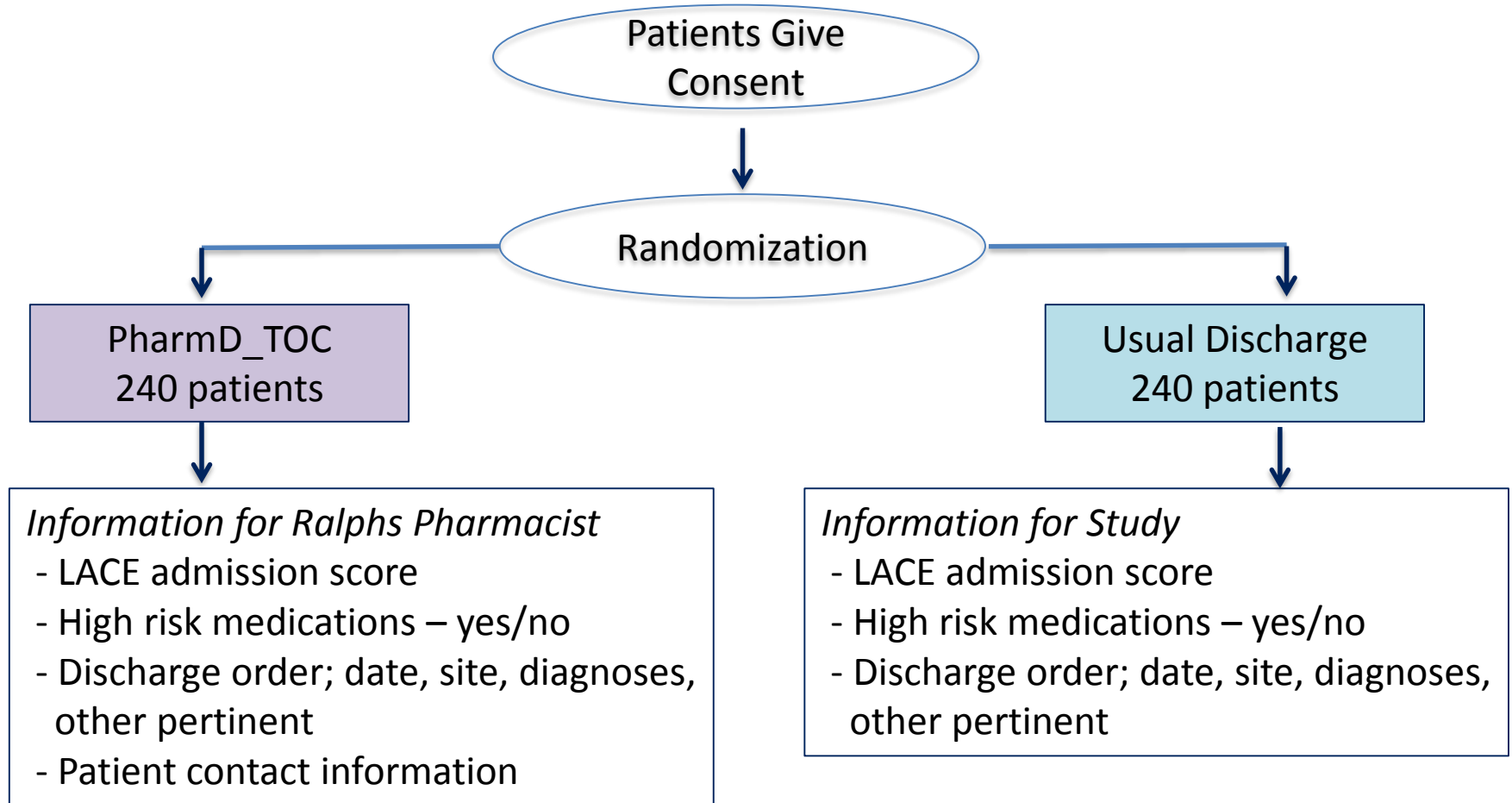


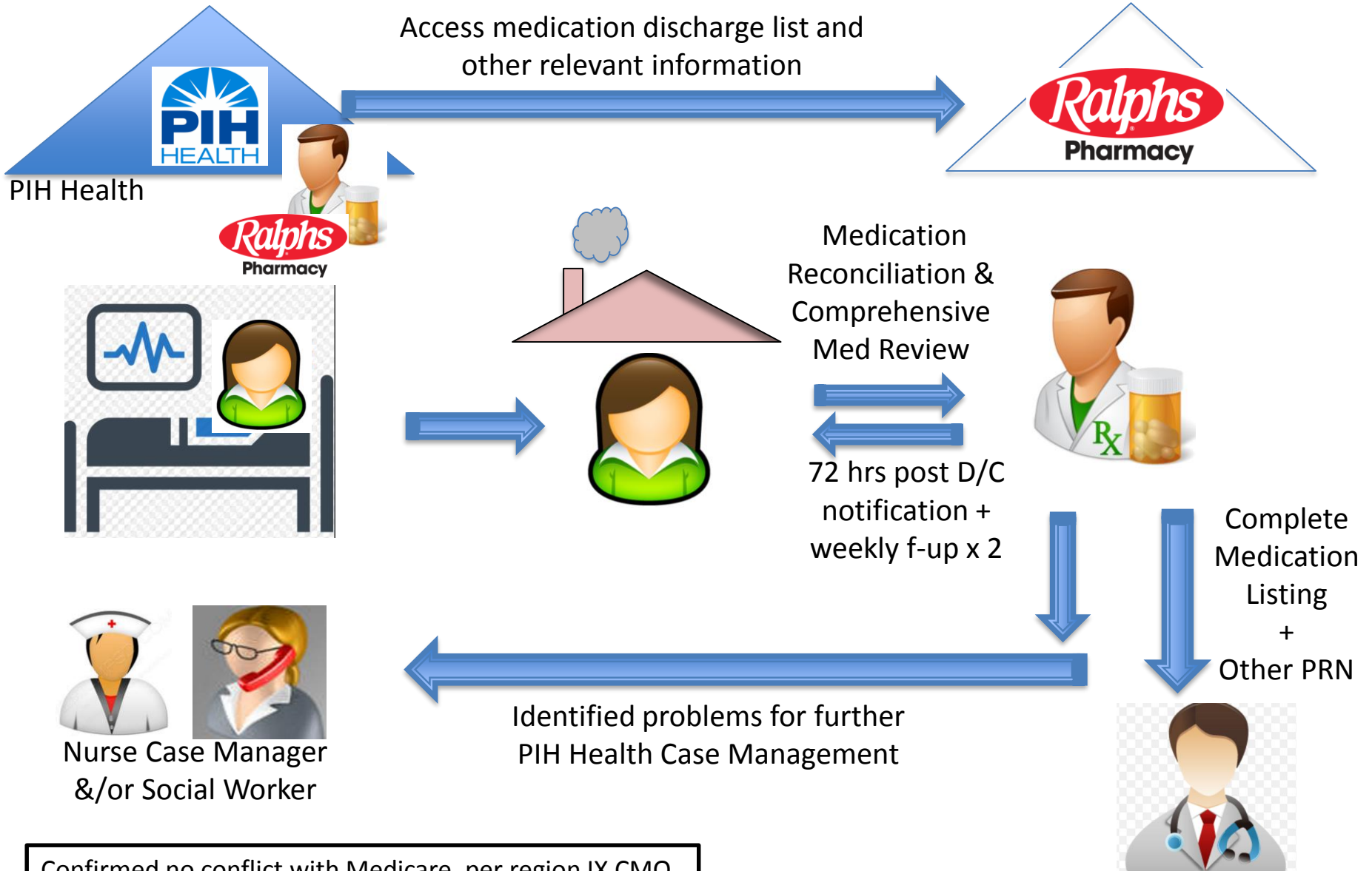
Figure 1. Estimated Rates of Emergency Hospitalizations for Adverse Drug Events in Older U.S. Adults, 2007-2009.

Emergency Hospitalizations for Adverse Drug Events in Older Americans
Budnitz et al, NEJM 2011;365:2002-12

CONSENT & RANDOMIZATION at PIH Health



MTM Session Ralphs + Feedback to PIH Health



Confirmed no conflict with Medicare, per region IX CMO.

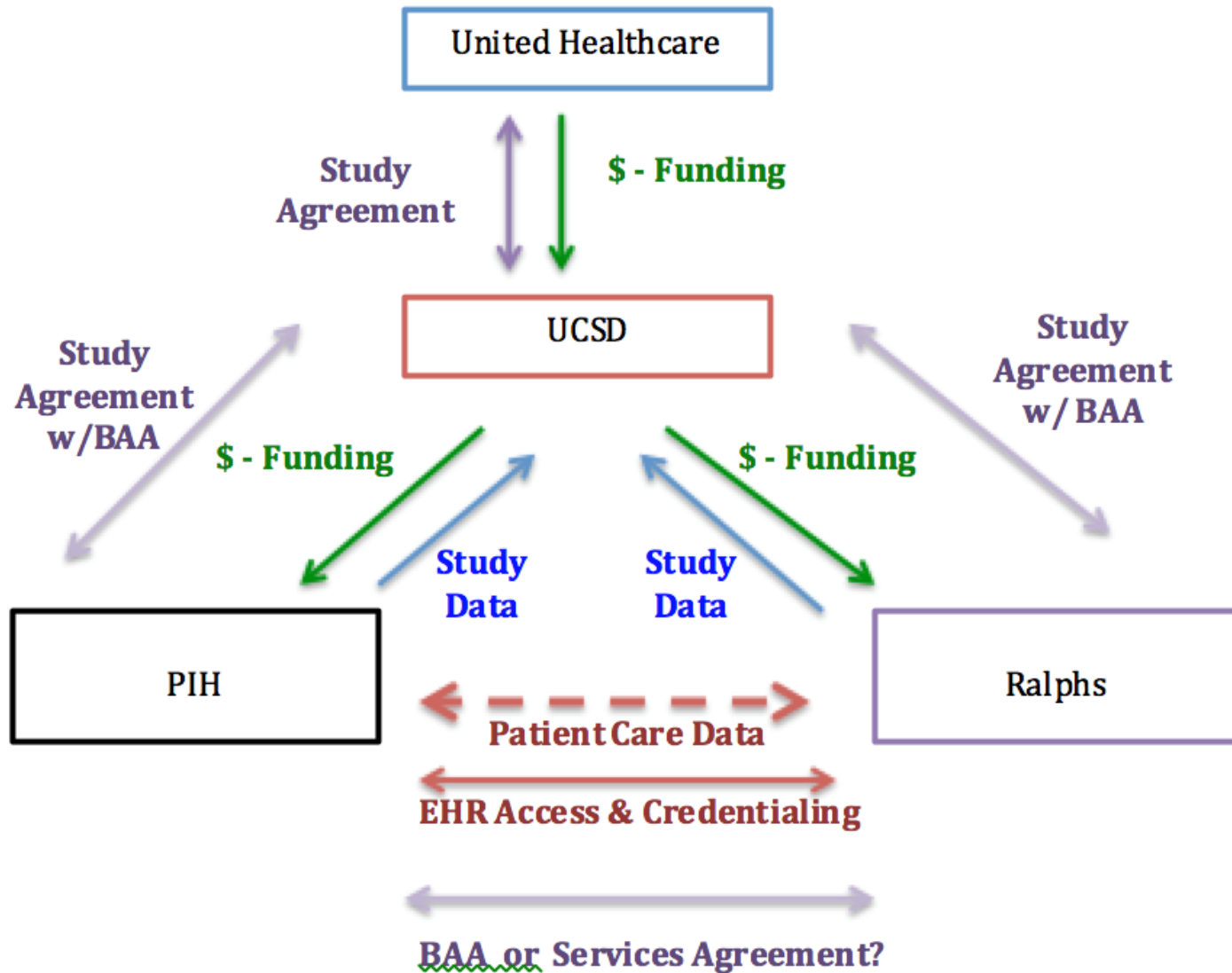
Physician

Estimated Timeline

- Funding approved UHC: 7/28/16
- Contracting among parties: by May 2017
- IRB submission: by May 2016
- Enrollment Begins: July 2017
- Last Patient Out: August 2018
- Reporting: Fall 2018



Relationships Among Partners



Views from the Implementation Partners





Questions for Anyone?



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