

**Reducing Hospital Utilization
(Readmissions and ED)
Community Pharmacist Medication
Reconciliation Program**

8th Annual Right Care Initiative
Dean's Clinical Leadership Summit
November 5th, UC Berkeley

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Goal

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

Study Objective

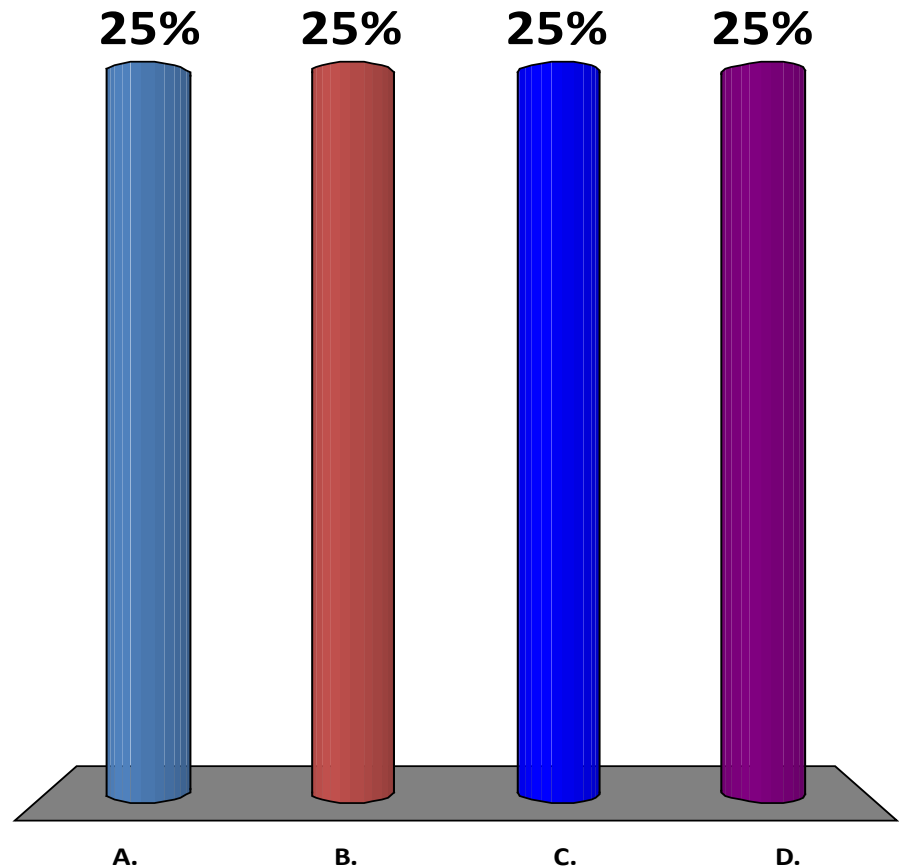
- Conduct and evaluate implementation of a community pharmacy based medication reconciliation (*PharmD_MedRec*) program for high-risk post-discharge patients.

Primary Hypothesis

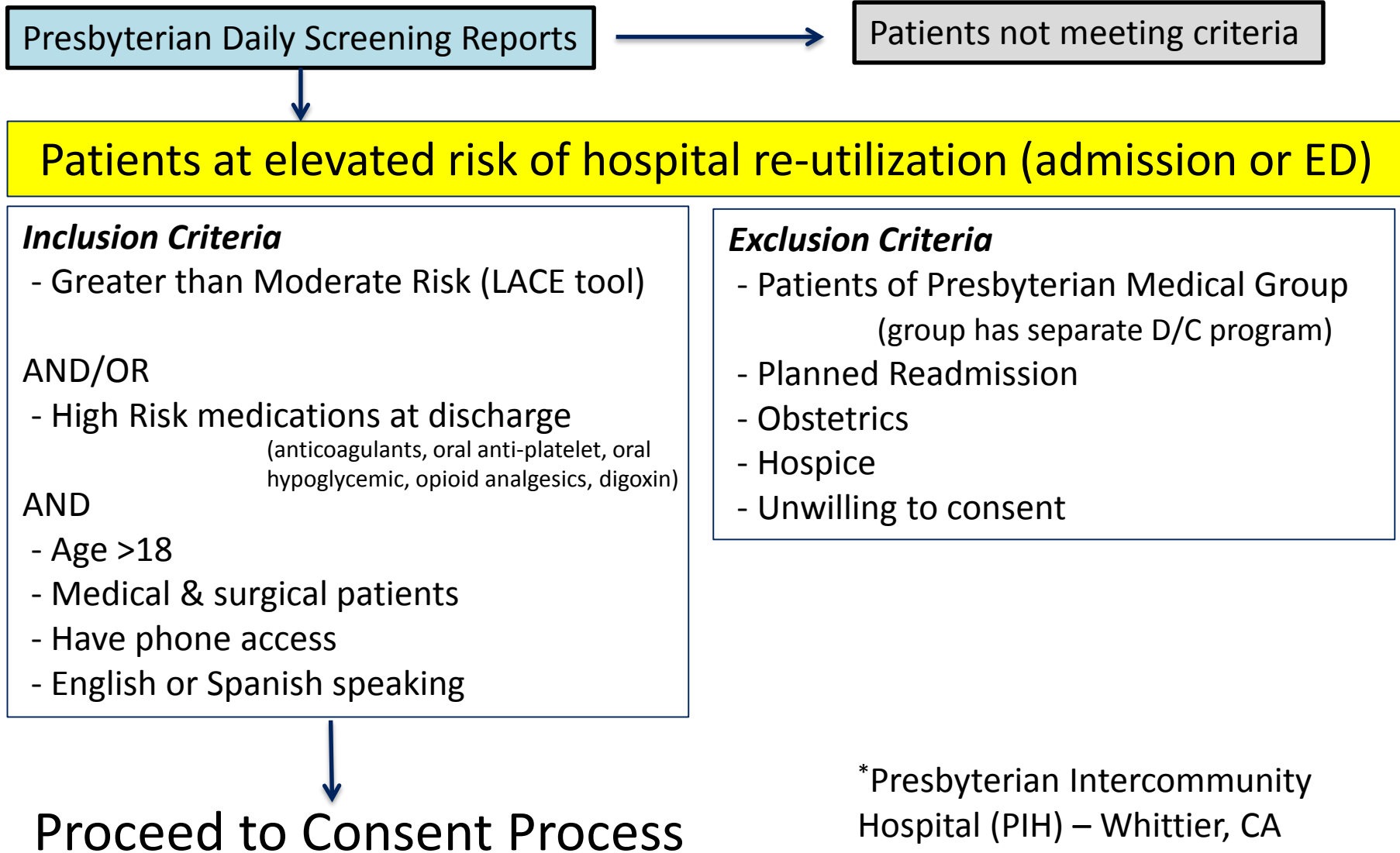
- Proportion of patients with hospital re-utilization (readmission and ED visits) during 30-days post hospital discharge will be ***lower*** in the ***PharmD_MedRec group*** compared to ***Usual Care discharge group***.

Which of the following medications at discharge has not been shown to indicate a high risk of readmission?

- A. anticoagulants
- B. anticonvulsants
- C. insulin
- D. oral hypoglycemic agents

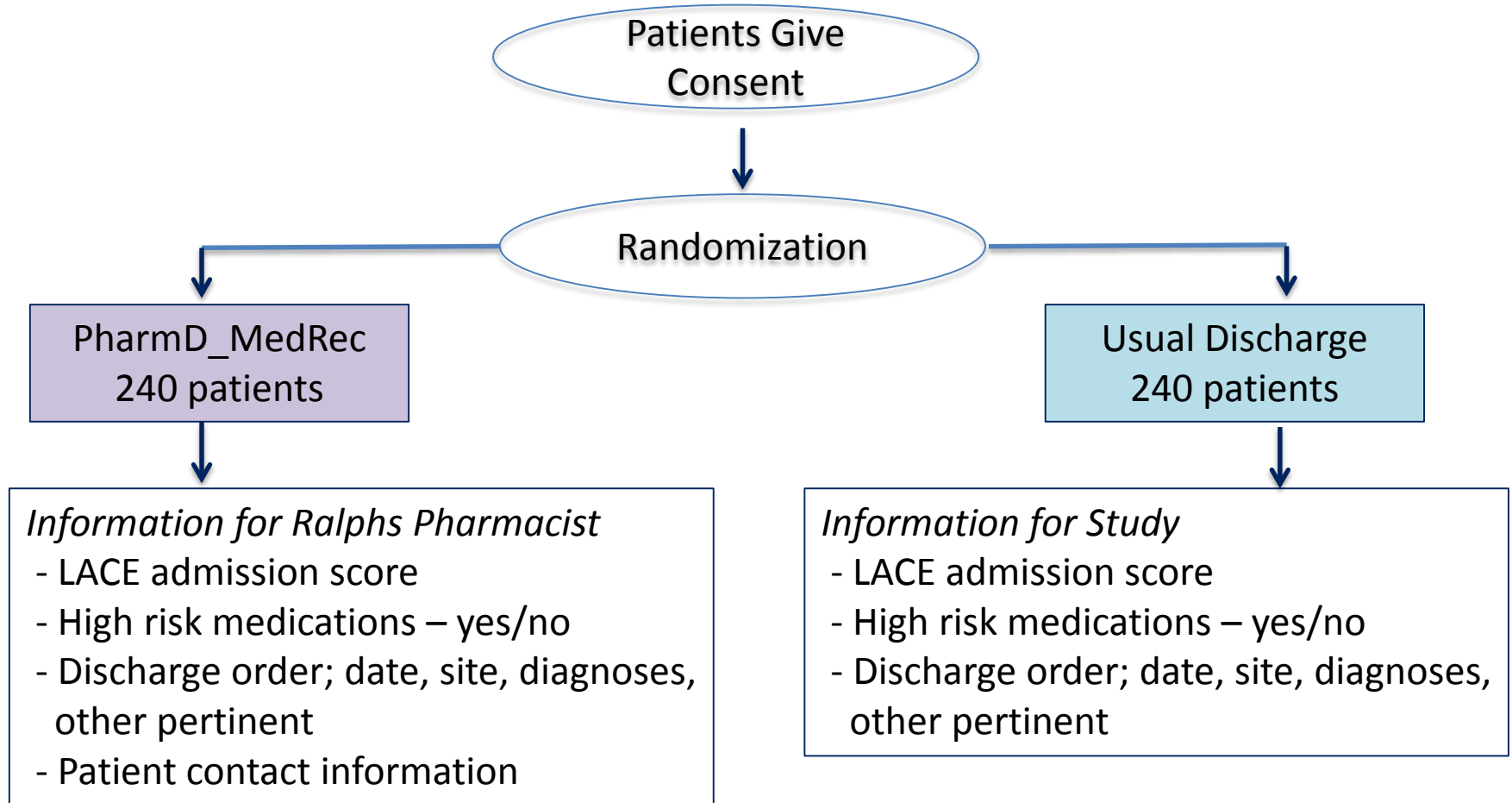


SCREENING at Presbyterian Hospital*

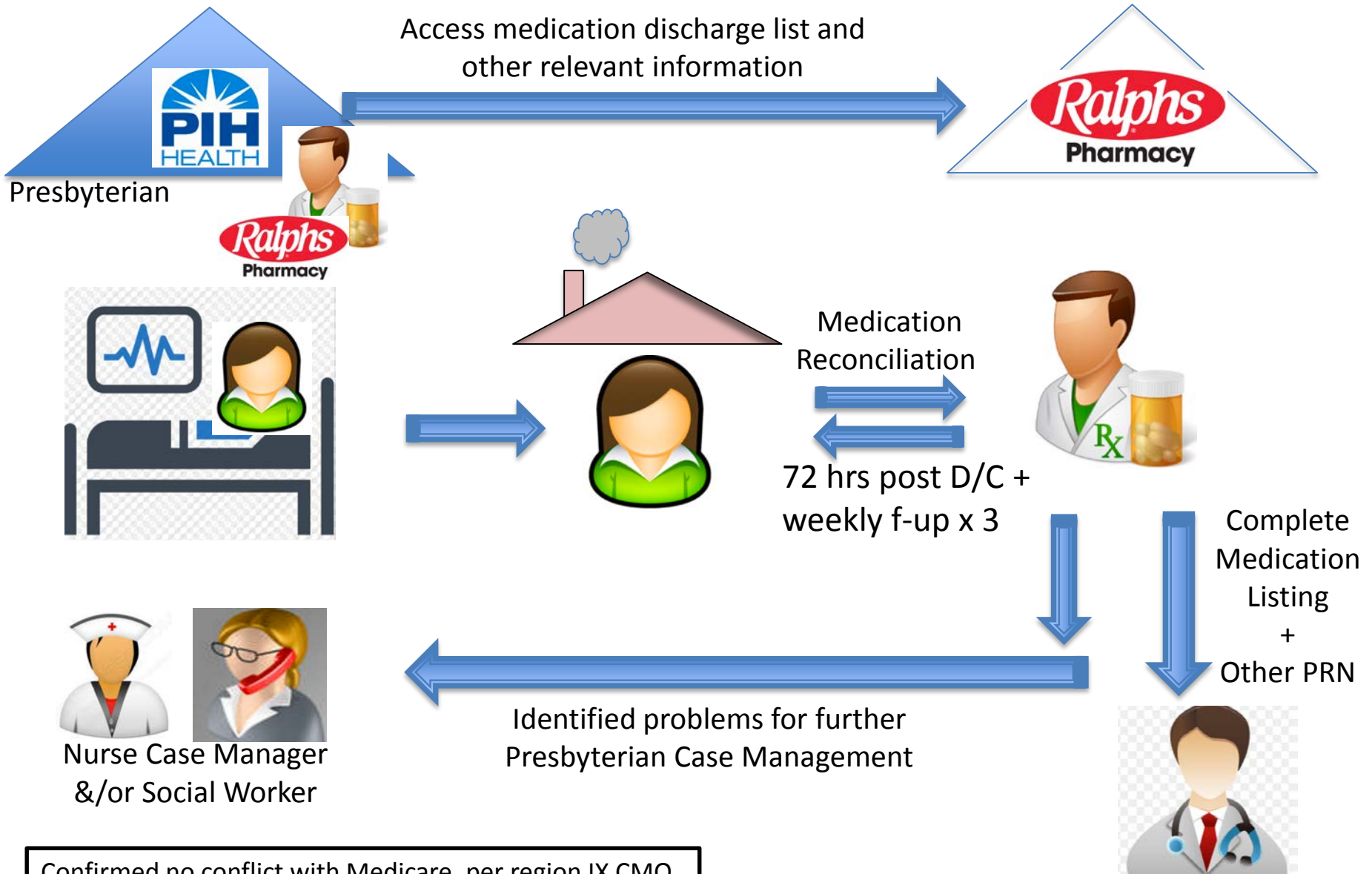


*Presbyterian Intercommunity Hospital (PIH) – Whittier, CA

CONSENT & RANDOMIZATION at Presbyterian



MTM Session Ralphs + Feedback to Presbyterian

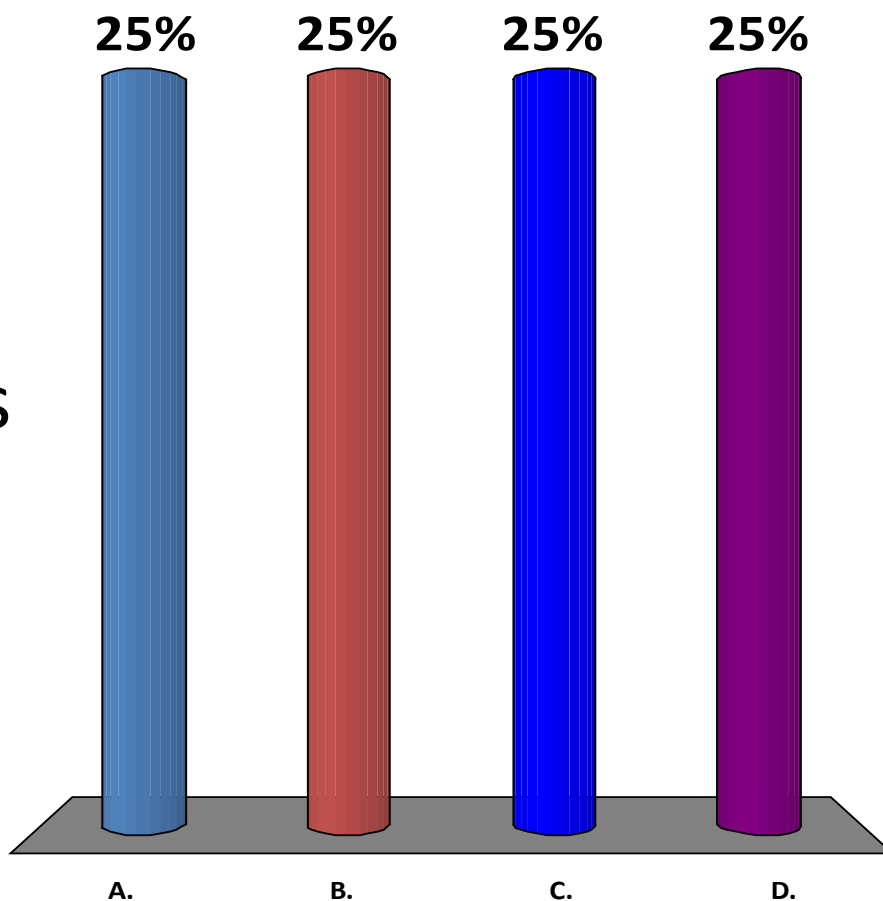


Confirmed no conflict with Medicare, per region IX CMO.

Physician

The Community Pharmacist Medication Reconciliation Program described today involves

- A. Pharmacists
- B. Physicians
- C. Nurse Case Managers
- D. All of the above



Next Steps

Estimated Timeline

- Funding: December 2015
- IRB submission: January 2016
- Enrollment Begins: April 2016
- Last Patient Out: May 2017
- Reporting: Summer 2017



Questions for Anyone?



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