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
**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
**Inclusion Criteria**
- Greater than Moderate Risk (LACE tool)

AND/OR
- High Risk medications at discharge
  (anticoagulants, oral anti-platelet, oral hypoglycemic, opioid analgesics, digoxin)

AND
- Age >18
- Medical & surgical patients
- Have phone access
- English or Spanish speaking

**Exclusion Criteria**
- Patients of Presbyterian Medical Group
  (group has separate D/C program)
- Planned Readmission
- Obstetrics
- Hospice
- Unwilling to consent

*Presbyterian Daily Screening Reports* ➔ *Patients not meeting criteria* ➔ *Patients at elevated risk of hospital re-utilization (admission or ED)* ➔ *Proceed to Consent Process*

*Presbyterian Intercommunity Hospital (PIH) – Whittier, CA*
CONSENT & RANDOMIZATION at Presbyterian

Patients Give Consent

Randomization

PharmD_MedRec
240 patients

Usual Discharge
240 patients

Information for Ralphs Pharmacist
- LACE admission score
- High risk medications – yes/no
- Discharge order; date, site, diagnoses, other pertinent
- Patient contact information

Information for Study
- LACE admission score
- High risk medications – yes/no
- Discharge order; date, site, diagnoses, other pertinent
Confirmed no conflict with Medicare, per region IX CMO.
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?

Contact:
Jan D. Hirsch, BS Pharm, PhD
Associate Professor Clinical Pharmacy
janhirsch@ucsd.edu

UC San Diego
SKAGGS SCHOOL OF PHARMACY
AND PHARMACEUTICAL SCIENCES