

# Population Health Management Case: Transition of Care and Readmission Risk Assessment

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## Case Summary

The Pharmacy Department at Boston Medical Center offers services to address complex social, economic, and health care problems that are drivers for readmissions. Our department developed a standardized transitions-of-care process in an effort to improve patient outcomes and decrease medication related readmissions. The Readmissions Risk Assessment was a hospital-wide multidisciplinary endeavor that required key partnerships internally as well as across departments. This daily initiative began with identifying patients using an internally developed scoring tool in our electronic medical record. Each component of the transition-care-of process was documented in the electronic medical record to provide clear communication and continuity of care amongst all providers taking care of the patient.

## Methods

The following example illustrates the scope of collaboration that was imperative to the success of the initiative:

Patient presents to Emergency Department:

- Admission medication history completed by pharmacy technician
- Medications are reconciled by pharmacist and prescriber
- Clinical pharmacist provides pharmacotherapy recommendations and proactively identifies medication related issues before discharge
- Clinical pharmacist assist with discharge medication reconciliation coupled with targeted medication counseling
- Outpatient pharmacy technicians assist with prior authorization, medication to bedside delivery, and customized special packaging (ex. Blister pack)
- Ambulatory care pharmacist contacts patients 48 hrs post-discharge to ensure appropriate adherence and resolve barriers to medication access .

## Metrics

Intervention	Readmission Rate	Reduction from baseline
None	38.6%	
Admission and discharge medication reconciliation	33.3%	(5.3%)
Admission and discharge medication reconciliation plus post-discharge phone call	26.4%	(12.2%)

- Decreased hospital readmissions in one year by 10% for subgroup of patients -Mass Health (Medicaid)
- Pharmacist completed on average 95% and 75% of admission and discharge medication reconciliations on targeted patients respectively.
- Medication prior authorization approval rate was 94% with average of 48 hour or less turn around time
- The average patient readmission rate for medication to bedside delivery index visits was 31.7% lower compared to non- bedside delivery index visits
- Success of the readmission risk initiative provided justification for additional pharmacist and technician resources to target patients in our future accountable care organization model

## Pearls

- Collaborative effort across the department to target high risk patients
- Transition of care efforts begin the moment a patient is admitted, regardless of diagnosis or location (ICU vs Med/Surg Floors)
- Pharmacy students and residents are key players in expanding our reach to more patients.
- Providing customized services to meet the patients' needs were essential in decreasing medication errors and improving medication adherence.

## Future Direction and Vision for Value

- Expand post-discharge TOC pharmacy services to include in-person follow-up by clinic-embedded ambulatory clinical pharmacy teams
  - High-utilizers
  - COPD/Asthma
  - HF/STEMI
- Enhance TOC pharmacy workflow between inpatient-ambulatory-outpatient teams to support care coordination and cost reduction efforts of our accountable care organization