

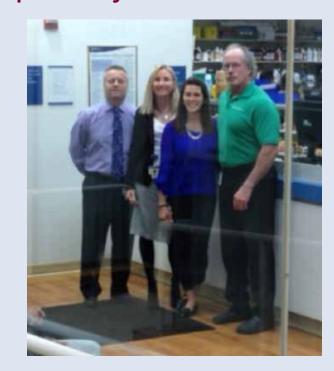
Overview and Impact of Implementation of a Pharmacy Concierge Service

William Balas R. Ph.*, Christine H DeLash Pharm. D., Brian G Swift Pharm. D., MBA, Lynda Thomson, Pharm.D., CACP

Thomas Jefferson University Hospital, Philadelphia, PA

Project Team:

The Apothecary Staff



Team members: Bill Balas, RPh, Lorraine McCaney, Christine DeLash, Pharm.D,. Rich Connelly

Problem / Issue:

Patients are at risk for adverse events and readmissions due to outpatient medication errors and non-adherence to prescribed medication regimens. Patients are especially at risk for medication errors and misunderstanding of prescribed medication regimens during the transition of care process from the inpatient to outpatient setting.

Medication non-adherence:

- It has been well documented in the literature that readmission rates and adverse events are high in patients that are noncompliant with their medications.
- Medication non-adherence has been identified as a major cause of treatment failures, resulting in a cost of \$150 billion in the U.S. annually.¹
- An estimated 88.3% of emergency hospital admissions are due to adverse drug events.²
- Four medications have been implicated for accounting for 7 out of 10 emergency hospital admissions for unintentional drug overdoses: warfarin, insulin, antiplatelets, oral hypoglycemic drugs.³

Inadequate medication instructions at the time of discharge:

- -Meta-analysis showed medication related information is missing from 40% of hospital discharge summaries.⁴
- Discharge medication discrepancies have been associated with a 30 day readmission rate of 14.3%5

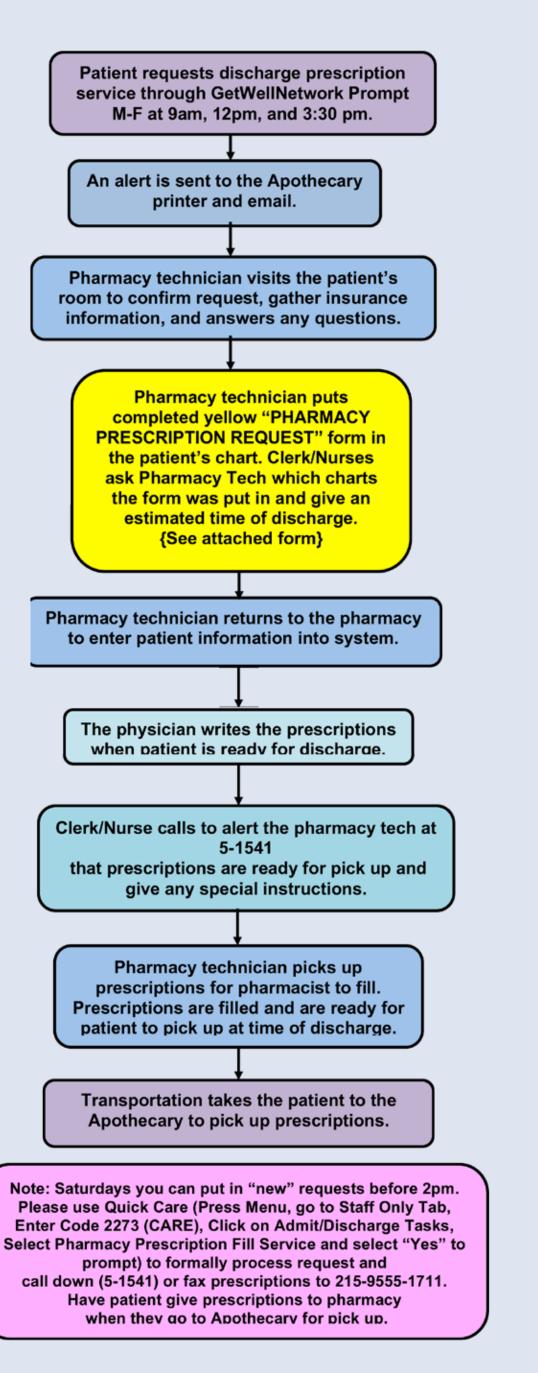
Goal:

As an Accountable Care Organization (ACO) it is important to provide outreach programs to our patients to smooth the transition of care (TOC) process from the inpatient to outpatient settings. A seamless TOC process can positively impact patient care, enhance patient understanding and adherence to therapy, and subsequently reduce adverse events and readmissions.

Changes Implemented:

Utilizing one of our three outpatient pharmacies that is conveniently located within the lobby of the hospital, a pharmacy concierge service was developed to streamline patient obtainment of medications as part of the hospital discharge TOC process.

The process:



Concierge Service Transition of Care Process

Advertisement of the Service:

Inpatients are notified of the availability of the concierge service through a program that is prompted via the patients' television. Patients can initiate enrollment into the program by clicking on an option button on the television screen, which sends an alert to the outpatient pharmacy and prompts a visit from a pharmacy team member to the patient's room to pick up discharge medication prescriptions.



Prescription Review and Problem Resolution:

The pharmacy team works with the medical team to resolve any issues, including insurance coverage, prior authorization requirements, order clarification or any



concerns involving drug-drug interactions. If there is lack of insurance coverage, the pharmacy team works closely with the social work department and medical team to determine a course of action to obtain discharge medications for the patient. Upon discharge, the patient, family member or patient's caregiver may easily pick up the prepared prescriptions from the outpatient pharmacy, resulting in a significantly reduced wait time for the patient at the time of discharge.

Results:

- Since inception the number of patients enrolled and the number of prescriptions filled has grown steadily.
- At the time of our program initiation in 2010 the average monthly volume was only 10 patients, 32 prescriptions were dispensed and a total of \$2,650 was generated in revenue.
- As of February 2014, the average number of patients utilizing this service monthly was 191, with a volume of 620 prescriptions filled resulting in total revenue of \$32,788.

Volume Realized Since Program Inception:

Total number of patients that answered "Yes" to option for concierge service on their TV screen	1,7125
Total number of patients that answered 'Yes" and proceeded to prescription fill process	4,656
Total Prescriptions Filled	13,910

Lesson Learned:

- Increase in patient satisfaction as evidenced by positive Press Ganey survey results
- Patients are more compliant when their prescriptions are filled upon discharge
- Patients feel their level of care was more personalized
- Prescriptions are ready to be picked up at time of discharge, resulting in reduced wait time for patients at the time of discharge
- Increase in prescription volume
- Increase in revenue

What Worked Well:

- Having a pharmacy technician dedicated to this program that works directly with the nursing and medical staff has led to increased communication and cooperation between departments and more efficient care coordination for patients enrolled in our program.
- Obtaining the prescription prior to the time of discharge allowed more time for resolution of medication problems and insurance issues.
- The pharmacy concierge service encourages patient engagement throughout the process and keeps patients informed as to the status of their discharge process.
- Our pharmacy concierge service model is adaptable at other institutions to improve the transitions of care process.
- This process required minimal initial expense to realize maximum benefits in the areas of improved patient care, patient safety, medication compliance, patient satisfaction and increased revenue.

References:

- 1. Erickson J. The cost of medication noncompliance. J Am Assoc Preferred Provider Organ. 1993: 3(2):33-4,38-40.
- 2. Budnitz DS, Lovegrove MC, Shehab N, et al. Emergency hospitalizations for adverse drug events in older Americans. N Engl J Med. 2011;365:2002-12.
- 3. Erickson J. The cost of medication noncompliance. J Am Assoc Preferred Provider Organ. 1993: 3(2):33-4,38-40.
- 4. Kripalani S, LeFevre F, Phillips CO, et al. Deficits in communication and information transfer between hospital-based and primary care physicians: implications for patient safety and continuity of care. JAMA. 2007;297(8):831-41.
- 5. Coleman EA, Smith JD, Raha D, et al. Posthospital medication discrepancies: prevalence and contributing factors. Arch Intern Med. 2005;165:1842-47.