

Mobile Solutions Help Reduce Hospital Readmissions



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Mobile Solutions Helping To Reduce Hospital Readmissions

Hospitals today are continuing to research ways and means to reduce readmissions.

Recent industry reports label two key factors contributing to the readmission problem. They are patient failure to fill prescriptions post discharge, and medication misadventures resulting from patients being ill-prepared to manage their medication regimen at home.

A recent article in the *New England Journal of Medicine* stated that 1 out of 5 patients are readmitted within 30 days of discharge, costing \$17.4 billion of Medicare's current \$102.6 billion budget.

The primary reason for these alarming statistics is the failure of patients to fill their prescribed medications once they have left the hospital. This failure subsequently finds some patients not recuperating or healing properly and often resulting in a condition worsening. The patient is forced to return to the hospital for additional treatment and to again be under hospital supervision.

The readmission woes in today's health institutions affect a host of areas within the hospital.

Readmissions not only increase a hospital's operating costs, but can result in a reduction to a hospital's patient satisfaction rating based largely on patient survey results. Filling beds with readmitted patients may hinder a hospital's ability to provide services for other, perhaps more needy patients. The problems readmissions cause are telling.

In a recent *Patient Protection and Affordable Care Act (PPACA)* report on issues and policy options regarding Medicare hospital readmissions, some of the other factors leading to patient readmissions included the inadequate relay of medical and care-related information by hospital discharge planners to patients, poor patient compliance and inadequate follow-up care from care providers. In addition, and even more startling, this report found that discharge medications were absent from hospital discharge

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reports 60% of the time. Having scripts filled prior to a patient's discharge is included in a patient's report as a means to greatly reduce this percentage.

In many hospitals, there is little integration between the discharge process and the prescription hitting the pharmacy. This is where the problem begins. A number of recent studies from the Medicare Payment Advisory Commission show that a significant percentage of patients do not fill their prescriptions once they leave the hospital. One study of nearly 4,600 patients, 65 years of age or older, who had experienced heart attacks showed that these patients took nearly 13,000 unfilled prescriptions with them upon discharge. Twenty-seven percent of these scripts had not been filled within seven days of discharge and an astonishing 21% after more than 120 days. These patients had an 80% higher risk of dying within a year after a heart attack compared to those who did fill their prescriptions and began taking them as prescribed. Many of these individuals who did fall ill again required readmission to the hospital resulting in a host of problems for the hospital. Ensuring that patients take their prescriptions after discharge is one of several issues that hospitals must tackle to lower readmission rates.

One solution to lower readmission rates would be to bring the discharge medications directly to the patient at bedside prior to discharge. This is now possible by using a mobile delivery solution available through the hospital's outpatient pharmacy point of sale system. Scripts can be processed and filled, then delivered directly to the patients' room prior to discharge.

A recent Policy Section article that appeared in the March 2013 issue of *Pharmacy Practice News* authored by George Ochoa, Erika Smith, PharmD, BCPS, at Froedtert Hospital in Milwaukee, WI, said, "Pharmacists, as the medication experts, are really the best people to be assisting with the medication reconciliation process, including medication counseling for patients going home and ensuring access to new, needed prescriptions prior to leaving the hospital."

Discharge counseling, educational printed materials, follow-up calls after a patient returns home, and transmission of the script order to the patient's local pharmacy help, but providing a

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discharge script service beats everything because the patient has the medication already in his or her possession.

Mobile devices help accomplish this. These devices accept credit card payments and secure signature capture, two of the more important requirements of script delivery. The devices link in with the hospital's outpatient pharmacy, point of sale system.

It makes a strong case for hospitals with a readmission problem to more seriously consider establishing a retail pharmacy.

In that same March 2013 issue of *Pharmacy Practice News*, it was reported that starting a discharge script service can cost anywhere from \$10,000 to \$250,000. The costs vary based on the region of the country. Costs vary based on many factors like square footage of the Outpatient Pharmacy, the basic cost of doing business that is impacted by the size of the support staff, the number of registers (lanes) a store requires, the amount of hardware needed and the functions sought for the point of sale system required to provide an automated program.

However, once a discharge prescription service is established, it can become financially self-sustaining and in most cases profitable, making the initial set-up costs less significant long term.

Much of the cost to establish a retail, outpatient pharmacy with discharge script delivery service can be recouped through the revenue opportunities of increased script volume from the addition of discharge patient script deliveries.

Dr. Smith said, "Our bedside meds prescription delivery service has generated a year-to-date net profit of over \$240,000 (November 2011 thru August 2012)". Mike Sacks, Rph and regional manager at Fairview Pharmacy Services in Minneapolis, said Fairview's service also "Generates quite a bit of revenue for our pharmacies."

There are other measures of success of a discharge patient script service, including the overall volume and productivity of technicians and improved Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys. The system does work.

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There are numerous reasons why discharge patient scripts are so vital. Pharmacies today have the technology to make such moves easy, efficient and successful. Mobile devices provide an additional case for hospitals establishing outpatient retail pharmacy facilities in a hospital enterprise in order to establish discharge prescription script service.

Laura Britton, PharmD, BCPS, CACP, a pharmacy clinical coordinator in ambulatory care service at the University of Utah Health Care in Salt Lake City, told *Pharmacy Practice News* that since discharge script services were initiated three to four years ago at both the University of Utah Hospital and the Huntsman Cancer Hospital, “We have seen a drop in readmissions. We found that we were making interventions in the discharge orders/prescriptions about 80% of the time at the main hospital and 100% at the cancer hospital, thus showing a tremendous patient safety need,” Britton added.

According to the *Pharmacy Practice News*, the idea of the discharge prescription service has not yet spread everywhere. But, as Dr. Dawn Wiener, PharmD and pharmacist at the South Pointe Hospital in Warrensville Heights, OH stated, “It is becoming more common”.

The stage has thus been set, and the reasons for and effort to help reduce readmissions is getting more pronounced every day. Hospitals that are focusing on reducing readmissions are exploring and developing their own retail pharmacies with the ability to provide discharge script services to their patients.

The statistics are there to show that when combined, mobile delivery devices in a script delivery service achieve results.

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