Development of an Innovative Technology-Driven Transitions of Care Service to Improve Medication Use in Rural Populations
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BACKGROUND

• Pharmacist-driven transitions of care have been recommended to reduce hospital readmissions and improve patient outcomes
• However, access to pharmacy services in rural areas limit opportunities for patients to benefit from face-to-face pharmacist care within the critical time period immediately following discharge
• An innovative approach to in-home medication reconciliation and patient education supported by technology is one solution to increasing access to care for this population

SERVICE MODEL

Eligible Patients
Any interested patient discharged from a 92-bed county hospital in rural Ohio

Enrollment
Social workers and/or pharmacy marketing representatives invite patients and/or caregivers to enroll in the service face-to-face and immediately prior to discharge

Service Workflow
• Pharmacists at the partner community pharmacy receive discharge orders and new medication orders
• Community pharmacists coordinate with hospital pharmacists, primary care providers, patients, and caregivers as needed to reconcile medications
• Community pharmacists pack new medication regimen in calendar-based adherence packaging
• New medications are delivered to patients' homes, typically within 72 hours following discharge
• Pharmacists videoconference with patients through a tablet device brought to the home by the delivery driver to provide education and instruction on new medication regimen
• Pharmacists generally follow up with patient within a few days prior to exhaustion of medication supply to prepare for next 30- or 90-day period, but also have more frequent follow-up as needed

PRELIMINARY RESULTS

• Patients participated in this service between August 2014 and May 2015
• Enrollment in the program has been discontinued due to low enrollment rates
• 18 patients enrolled in the service before the service was discontinued

| Table 1. Enrolled Patient Characteristics (n=18) |
|-----------------|------------------|
| Age, median (range) | 81 (46-100)      |
| Female Sex, n %   | 12 (67)          |
| 30-Day Follow-Up Complete, n (%) | 16 (89) |
| 180-Day Follow-Up Complete, n (%) | 11 (61) |

NEXT STEPS

• Next steps are to conduct an analysis of impact on 30 and 180-day hospital readmissions
• A descriptive analysis will be conducted of:
  • Hospital admission diagnoses
  • Drug therapy problems identified and resolved by pharmacists
  • 30- and 180-day patient satisfaction data, based on a tool modified from the National Quality Forum Care Transition Measure (CTM-15)
  • Medication adherence trends, based on proportion of days covered

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