The Impact of a Pharmacy Driven Transitions of Care Program on Post-Discharge Healthcare Utilization at a National Comprehensive Cancer Center

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Background: The impact of care coordination programs have resulted in tremendous benefits to patients and are supported by numerous healthcare organizations. Although cancer hospitals are currently exempt from the CMS Readmissions Reduction Program, these institutions should seek to understand the impact of optimized transitions of care (TOC) programs on their patient populations. Pharmacy is well positioned to accurately provide a complete reconciliation of medications across the continuum of care.

Objectives: To evaluate the impact of a comprehensive, pharmacy-implemented TOC program on 15- and 30-day post-discharge healthcare utilization of patients discharged from the General Internal Medicine (GIM) service at a National Comprehensive Cancer Center. To determine patient discharge medication adherence for patients after a comprehensive TOC program is implemented.

Methods: This study will be a quasi-experimental, matched case-control study of patients discharged between 4/01/2015 and 11/30/2015 who meet the inclusion criteria. The TOC program will be implemented on 8/01/2015 after extensive planning, preparation, and training. Patients discharged between 8/01/2015 and 11/30/2015 who meet the inclusion criteria will serve as the post-implementation, or TOC group. The pre-implementation patients discharged between 4/01/2015 and 7/31/2015 will serve as the control group, i.e. standard-of-care (SOC) group. If necessary, we will include preceding months to download data of more pre-implementation patients to ensure that each of the patients in the TOC groups will be matched with a patient in the SOC group. To reduce the impact of the selection bias on the estimation of the difference in readmissions rates between the two groups, we will conduct a propensity score-matched analysis to obtain matched TOC and SOC cohorts that are balanced on the baseline covariates. Patients to be included for analysis are those discharged from the GIM inpatient service at MD Anderson. Patients will be excluded if they were admitted for primary psychiatric disease; discharged against medical advice; died during their first hospital admission; or were discharged to a rehabilitation unit, skilled nursing facility, long-term care facility, or hospice. The comprehensive, pharmacy-implemented TOC program will include for each patient:

- Within 24 hours of admission, a medication history interview to include an assessment of allergy information and verification of home medications to be completed with the patient, patient’s caregiver(s), community pharmacy(ies), and/or primary care physician. The patient’s medication profile will be updated in the EHR accordingly.
- Medication reconciliations will be performed at admission, transfers, and discharge.
- A comprehensive medication review including medication education will be provided prior to discharge.
- A follow-up telephone call utilizing a standardized template will be conducted by Pharmacy within 72 hours of discharge to assess medication adherence and medication education needs.
- All medication discrepancies identified and actions taken will be documented in the EHR.
- All patient interactions will be documented in the EHR.