PIVOTS: Pharmacist-led InteRvention On Transitions of Seniors

Abstract

Medication related problems during transitions from one care setting to another and subsequent increases in morbidity, mortality, and healthcare utilization are increasingly recognized as major public health problems among older adults. As a result, there has been a swell of policy change, research, and practice model development focused on improving these transitions. Incorporation of a pharmacist-led approach for continuous comprehensive medication management as patients transition between settings (i.e., home to hospital, hospital to skilled nursing facility, etc.), is a rational, effective, and potential solution to the problem. We have developed a novel practice model that includes the pharmacist as a key player on the healthcare team, providing direct patient care to older adults at all levels of care. Two geriatric clinical pharmacists care for patients in two outpatient physician practices (UPMC St. Margaret Geriatric Care Centers), a hospital (UPMC St. Margaret), and within skilled nursing and personal care facilities (Presbyterian Senior Care (PSC)). Pharmacists are able to work with physicians and other members of the healthcare team in real-time to make medication therapy decisions and communication drug-therapy problems as patients transition between settings. This model attempts to fill in the gaps of care by eliminating transitions to new provider groups. The long-term goal of this research is to implement and rigorously evaluate this enhanced, sustainable Pharmacist Collaborative Practice Model (PCPM). We expect this research to serve as a model for other senior living campuses and healthcare organizations. We propose a pilot project to develop preliminary data regarding the effect of the PCPM on patient clinical outcomes (hospitalizations), financial outcomes (outpatient billing), patient self-efficacy and perceptions of care coordination, and practice management (workflow, drug therapy problem evaluation, and provider/staff perceptions). This project is highly responsive to the ASHP Foundation vision and Pharmacy Practice Model Initiative as the pharmacist is responsible and accountable for all medication-related outcomes in our model.