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Impact of pharmacist post discharge follow up phone call program on adherence and medication related problems

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Impact of pharmacist post discharge follow up phone call program on adherence and medication related problems

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Background

Transition of care (ToC) from hospital discharge to the community increases the risk for medication errors, which may be related to poor outpatient medication reconciliation,¹ misunderstandings of discharge instructions, and lack of communication with outpatient providers.²

Pharmacists' interventions at discharge can identify and correct medication related errors as well as improve adherence.³ Discrepancies on discharge medications have been identified during a pharmacist post hospital discharge phone calls.⁴

Pharmacists post discharge phone call studies have demonstrated beneficial health outcomes including detection of medication related problems,⁴ and reductions in emergency department (ED) visits.⁵

Objectives

Identify post hospital discharge:

- Medication regimen discrepancies during follow-up phone calls to the patients and to the community pharmacy
- Adherence and barriers to the adherence

Assess the effect of follow-up calls on hospital readmissions or ED visits at 30 days post discharge.

Criteria

Inclusion criteria

- Inpatients discharged from the medical/surgical units
- Patients ≥ 18 years
- Discharged with more than 1 medication

Exclusion criteria

- Patients discharged to: Assisted Living Facility (ALF), Skilled Nursing Facility (SNF) or rehabilitation center
- Patients placed on Comfort Measures or transferred to Hospice
- Patients that are not coherent or have an advocate responsible for their care
- Patients with an end stage disease

Methods

Interventions:

- Pharmacy staff will call patients 24-72 hours post discharge to identify medication discrepancies, and to assess adherence and identify treatment barriers utilizing the Pharmacist Drug Adherence Work-up Tool (DRAW).⁶
- The patient's community pharmacy will be called to reconcile medication changes made during the patient's hospital stay with their outpatient profile, inquire about automatic refills, and emphasize discontinued medications.
- A second follow-up phone call will be made to the patient 30 days post discharge to assess hospital readmission or ED visits since discharge.

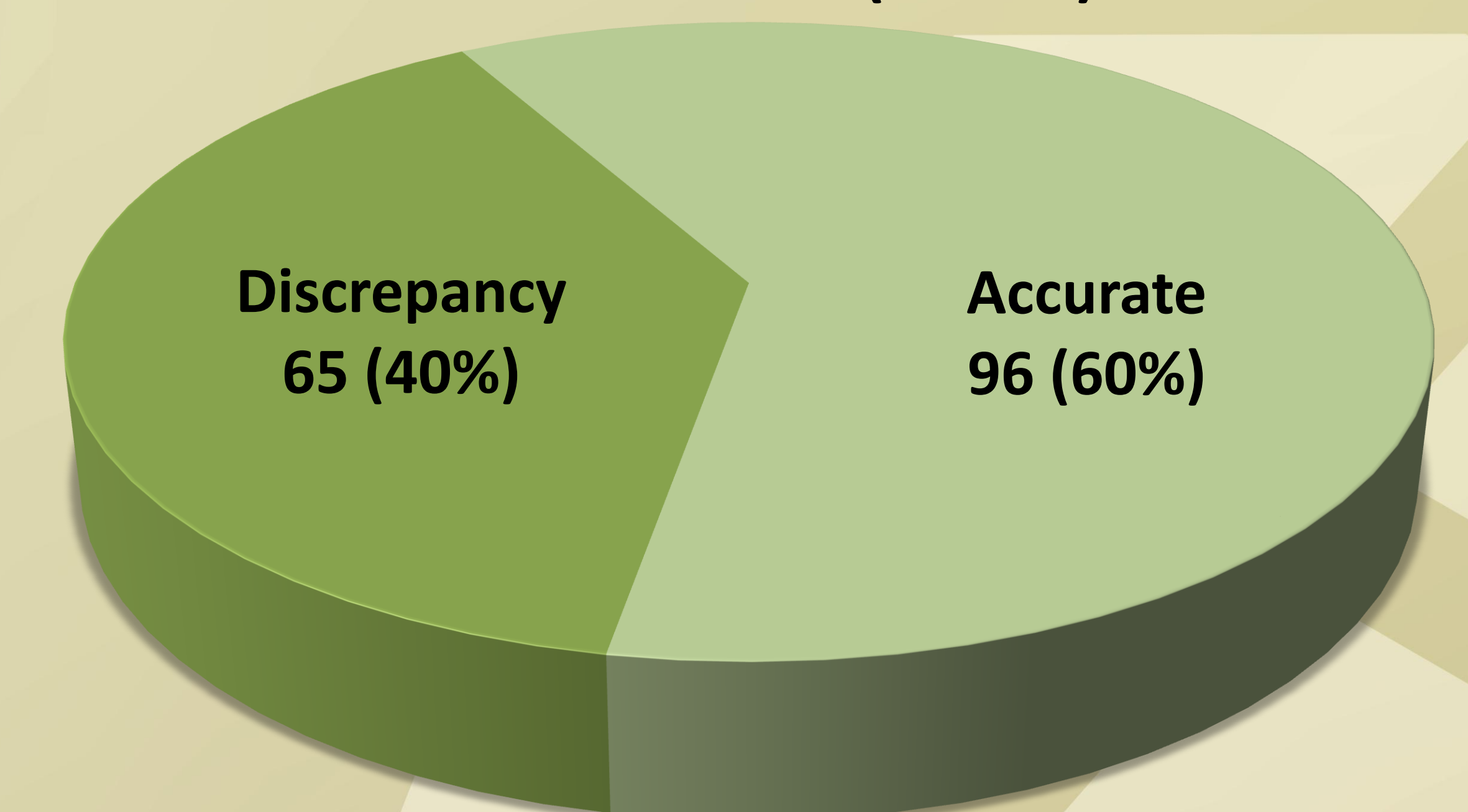
Preliminary Results

From October 2015 to present there were 161 patients that had an initial post discharge phone call.

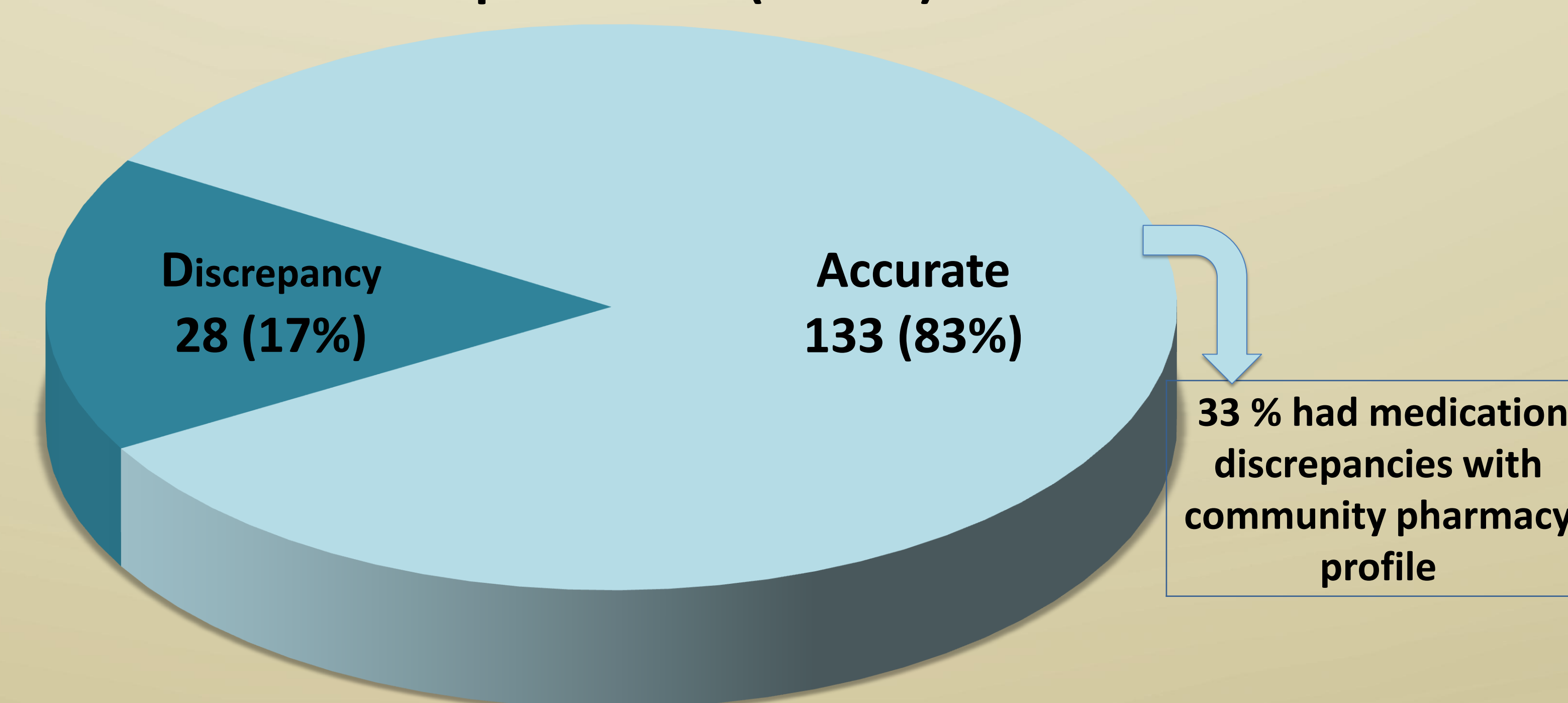
Data derived from patient's phone interview

| Medication problems identified (n=161) | Patient reported adherence (n=133) | Patient reported Non-adherence (n=28) |
|--|------------------------------------|---------------------------------------|
| Patient reported taking too many medications | 5% | 21% |
| Patient believes medication is not working | 0.7% | 3.6% |
| Misunderstanding of instructions | - | 36% |
| Forgetfulness | - | 21% |
| Patient believes medication is not needed | - | 18% |
| Unable to obtain medication | - | 32% |
| Patient reported barriers to adherence | 14% | 43% |

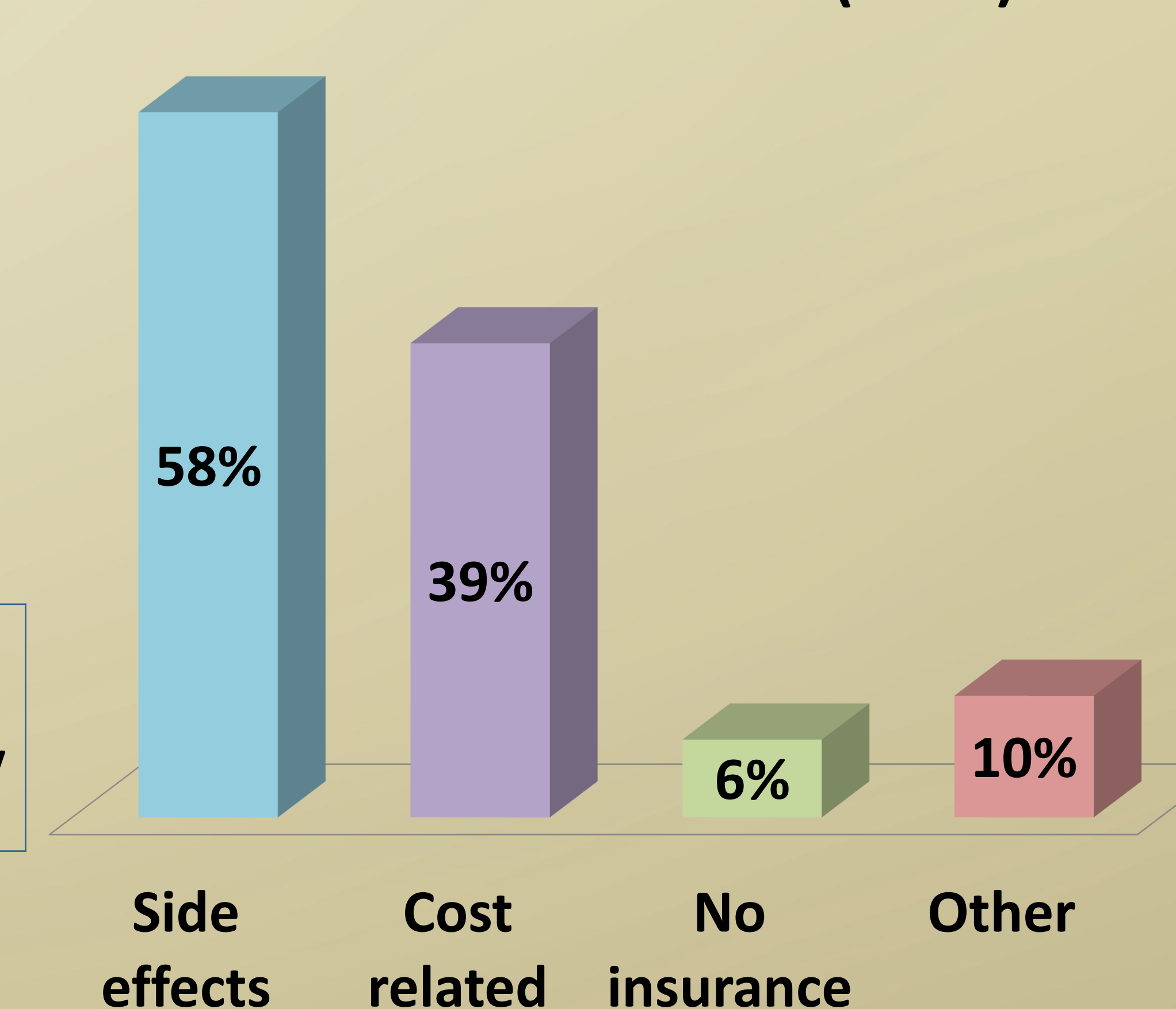
Medication Reconciliation between Community Pharmacy profile and discharge medication list (n=161)



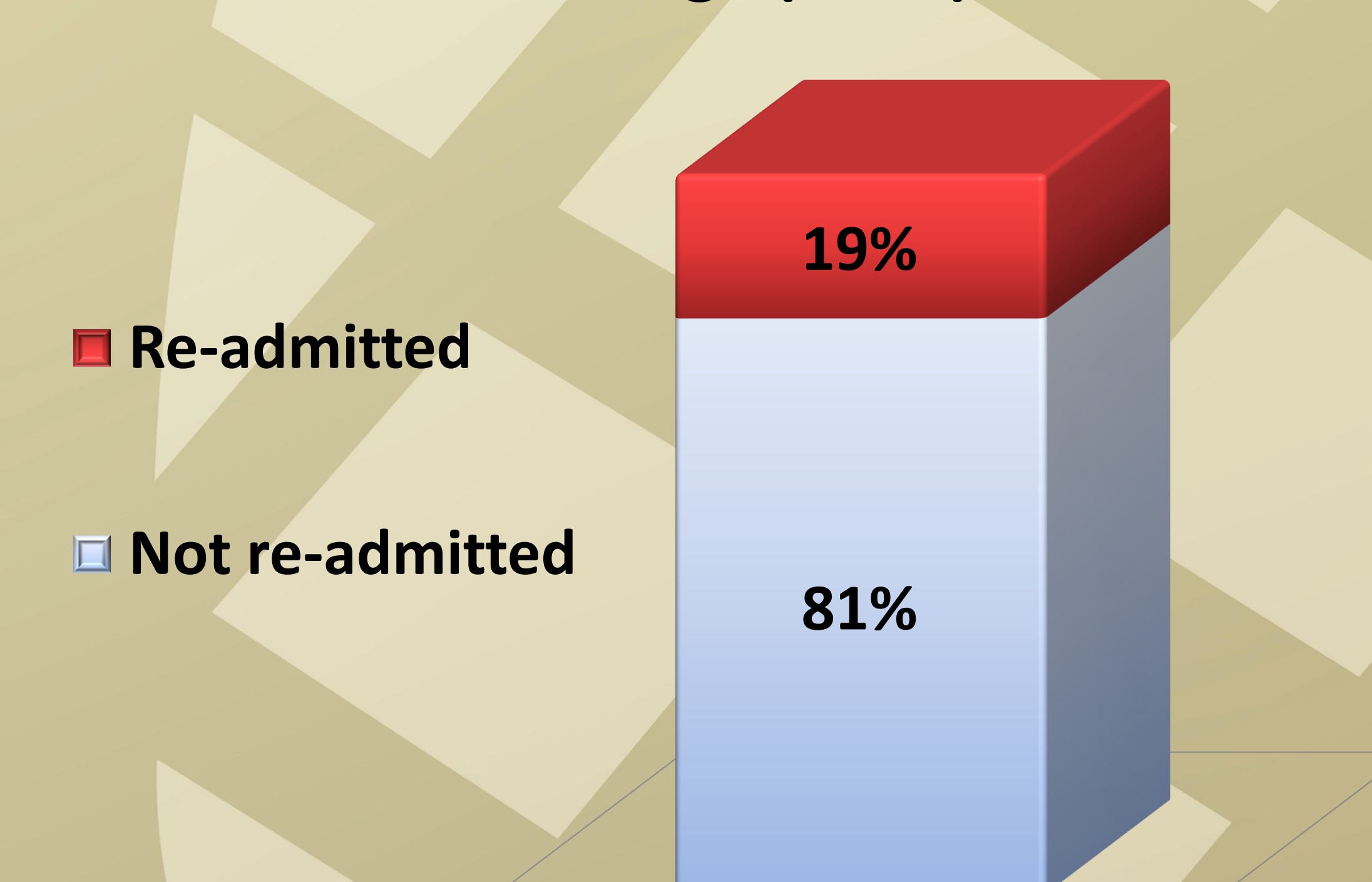
Medication discrepancies between home regimen and discharge medication list obtained from patient initial phone call (n=161)



Adherence Barriers (n=31)



Readmission rate within 30 days of discharge (n=54)



Disclosures

Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have direct or indirect interest in the subject matter of this presentation.

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