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

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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,\textsuperscript{1} misunderstandings of discharge instructions, and lack of communication with outpatient providers.\textsuperscript{2} Pharmacists' interventions at discharge can identify and correct medication related errors as well as improve adherence.\textsuperscript{3} Discrepancies on discharge medications have been identified during a pharmacist post hospital discharge phone calls.\textsuperscript{4} Pharmacists post discharge phone call studies have demonstrated beneficial health outcomes including detection of medication related problems,\textsuperscript{4} and reductions in emergency department (ED) visits.\textsuperscript{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

Data derived from patient’s phone interview

Table 1

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

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

- 33% had medication discrepancies with community pharmacy profile
- 58% Accurate
- 39% Discrepancy

Adherence Barriers (n=31)

- Side effects: 6%
- Cost related: 10%
- No insurance: 6%
- Other: 19%

Preliminary Results

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

References


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.