

Abstract # 137

Platform Category: A5

THE IMPACT OF PHARMACIST-LED TRANSITIONS OF CARE ON MEDICATION ADHERENCE IN BEHAVIORAL HEALTH

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IRB status: Not needed



DISCLOSURES

- Hayden Fields
- Potential conflict of interest: None
- Sponsorship: None
- Proprietary information or results of ongoing research may be subject to different interpretations
- Presentation is educational in nature and indicates agreement to abide by the non-commercialism guidelines provided
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LEARNING OBJECTIVES

- Identify the positive impact that pharmacist-led transitions of care (TOC) services have on patient outcomes in the setting of behavioral health
- Explain the importance of accurate medication reconciliations



ST. PETER'S HEALTH

- Non-profit, community-owned
- 123 bed hospital
- Admission to the Behavioral Health Unit (BHU) is voluntary
 - 20 beds: 10 adult, 10 geriatric



PRE-ASSESSMENT QUESTION #1

Pharmacist-led transitions of care services positively impact patient outcomes in the BHU through

- Providing lower medication costs for all patients
- Creating an accurate and appropriate list of medications to continue on admission
- Providing medication education at discharge
- B and C



ASSESSMENT QUESTION #2

What is the most common type of medication discrepancy identified on admission medication reconciliations?

- Omission of medication from current medication list
- Dose discrepancy
- Frequency discrepancy
- Non-formulary omission



PRE-ASSESSMENT QUESTION #3

In which of the following way(s) do pharmacist-driven transitions of care services benefit patients after hospitalization?

- A. Improve medication adherence after discharge
- B. Eliminate the delay in receiving medications at discharge
- C. Increase the number of patients given medication counseling
- D. All of the above



STUDY OBJECTIVE

- To assess improved medication adherence through the implementation of a pharmacist-driven transitions of care service, including optional medication bedside delivery



BACKGROUND

- In 2021, 19% of US adults were diagnosed with a mental illness
- Mental illness increases the risk of
 - Medication non-adherence
 - Substance abuse
 - Homelessness
- Increased need for additional resources to help bridge the continuity of care from hospitalization to receiving medications at discharge

Mental Health America (MHA) Prevalence of Mental Illness 2021 Report
 Brown, M., Flores, M., Cunningham, A. et al. Evaluation of a Comprehensive SAMHSA Service Program for Individuals Experiencing Chronic Homelessness. J Behav Health Serv Res 45, 605–613 (2018)



BACKGROUND

- Retrospective review of 200 admission medication reconciliations
 - 365 medication discrepancies (15% psychiatric medications)
- Most common discrepancies
 - Omission
 - Non-formulary omission
 - Dose discrepancy
 - Frequency discrepancy

Kraus, Sarah, et al. "Impact of a pharmacy technician-centered medication reconciliation program on medication discrepancies and implementation of recommendations." *SOJ* (2017).

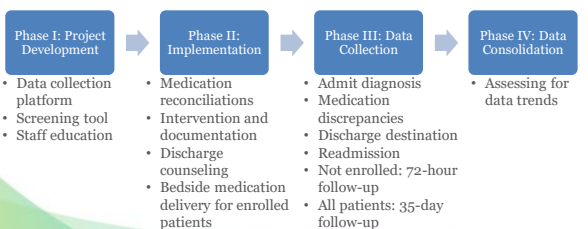


METHODS: STUDY DESIGN

- Prospective, open-label, single-center
- Observational study
- Comparison of medication adherence rates of patients enrolled in bedside medication delivery to those not enrolled
 - Intervention: Bedside medication delivery service



METHODS: STUDY DESIGN



INCLUSION CRITERIA

- Inpatient status
- Admitted and treated on the BHU
- Ages 18-64
- Responsible for refilling own medications at discharge

EXCLUSION CRITERIA

- Geriatric patients (age ≥ 65)
- Admitted/discharged outside of the study period
- Discharge to assisted or long-term care facility
- Commitment to state hospital or other treatment facilities
- Discharged against medical advice (AMA)

STUDY OUTCOMES

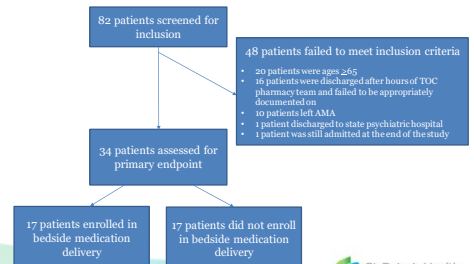
Primary

- Measure improved medication adherence following hospitalization through providing a bedside medication delivery service at discharge

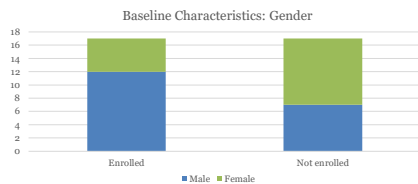
Secondary

- Measure improved medication adherence at 35-day follow-up for all patients
- Quantify medication reconciliation discrepancy subtypes
- Assess the impact of discharge destination on medication adherence
- Assess the impact of enrollment in bedside medication delivery service on readmission rates

RESULTS: STUDY SUBJECTS

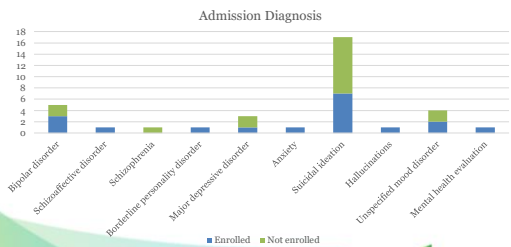


RESULTS: BASELINE CHARACTERISTICS

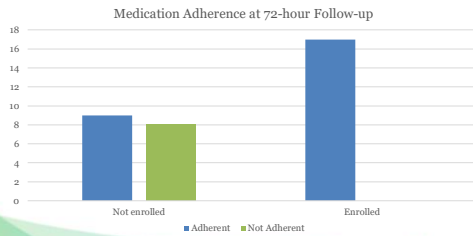


- Enrolled(17 patients): Age range 18-56, Average age: 40
- Not enrolled (17 patients): Age range 18-59, Average age: 34
- Two patients discharged to homeless shelter, all others discharged home

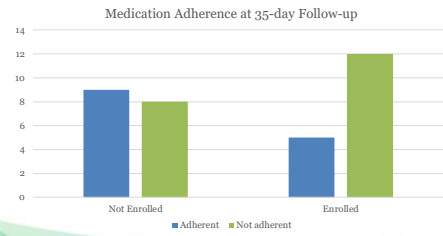
RESULTS: BASELINE CHARACTERISTICS



RESULTS: PRIMARY ENDPOINT

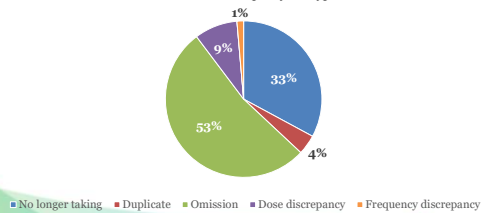


RESULTS: SECONDARY OUTCOME



RESULTS: SECONDARY OUTCOMES

Medication Discrepancy Subtypes



RESULTS: SECONDARY OUTCOMES

- Impact of discharge destination on medication adherence
 - 2 patients were discharged to homeless shelters
 - All other patients were discharged home
- Impact of enrollment in medication delivery service on hospital readmission
 - 3 patients total were readmitted to the BHU during the study period



DISCUSSION

- Medication adherence was not significantly different across patients not enrolled in medication delivery service
- Secondary endpoint suggests higher adherence at 35-day follow-up for patients *not* enrolled in medication delivery service
- Five of the patients not enrolled that were adherent at 35-day follow-up received medications via Program of Assertive Community Treatment (PACT) delivery



DISCUSSION

- 146 medication discrepancies were detected on admission across all patients
- 4 medication discrepancies were identified on discharge medication reconciliation
- Small sample of patients discharged somewhere other than home or readmitted during study making it difficult to draw conclusions



CONCLUSIONS

- While enrolling patients in the medication delivery service did positively impact medication adherence immediately after discharge, the long-lasting effects were not seen at the later, 35-day follow-up
- For patients not enrolled, higher rates of adherence at 72-hour and 35-day follow-up are partly explained by PACT delivery
- For enrolled patients, improvements in communication and counseling are needed to increase medication adherence



STRENGTHS AND LIMITATIONS

STRENGTHS	LIMITATIONS
<ul style="list-style-type: none"> • Introducing a medication delivery service to the BHU • Providing more patients with discharge counseling on medications • Allowing adequate time for follow-up after discharge 	<ul style="list-style-type: none"> • Limited sample size due to low census at the BHU during COVID-19 • Multiple pharmacists and pharmacy technicians documenting, leading to slight differences in data collection • Loss of patients to follow-up

FUTURE DIRECTIONS

- Encourage staff to collect appropriate medication details for reconciliations on admission and discharge
- Continue to offer bedside medication delivery at discharge
- Early identification of patients enrolled in PACT delivery in order to facilitate discharge planning
- Improve communication from TOC team to patients at discharge regarding 30-day supply if enrolled in medication delivery service



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REFERENCES

1. Mental Health America, Prevalence of Mental Illness 2021.
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QUESTIONS?

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