Utilizing Pharmacy Technicians to Maximize Pharmacist Interventions with Home Health Service Patients

UNC ESHELMAN SCHOOL OF PHARMACY

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BACKGROUND

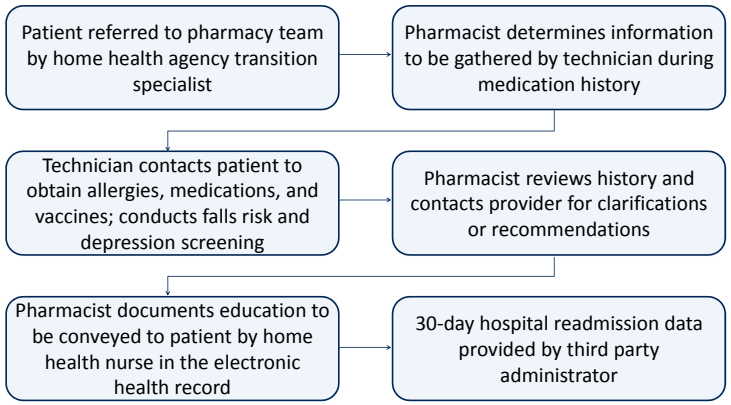
- Discrepancies in a patient's medication list are more likely to occur during transitions of care; medication reconciliation can improve the safety and quality of healthcare provided.
- By identifying medication discrepancies, pharmacy teams may help reduce the number of hospital readmissions.
- Utilizing pharmacy technicians to gather medication histories may maximize patient encounters by allowing the pharmacist to focus on resolving discrepancies and addressing medication therapy problems.

OBJECTIVES

- To determine the number of medication therapy problems (MTPs) identified during a technician-driven medication reconciliation process.
- To analyze 30-day hospital readmission rates.

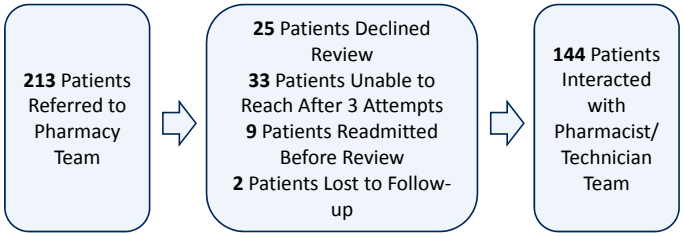
METHODS

Study Design	Prospective, cohort study
Study Location	Independent community pharmacy in partnership with a home health agency
Inclusion Criteria	• ≥ 18 years • Live at home • Receive skilled nursing services • High- to very-high-risk based on LACE tool • Medicare or Medicare-like insurance
Exclusion Criteria	• Live in skilled nursing or assisted living facility • Unable or unwilling to provide medication list via phone • Unable to reach after 3 attempts
Study Timeframe	December 1, 2018 through January 27, 2019
Analysis	Descriptive statistics



RESULTS

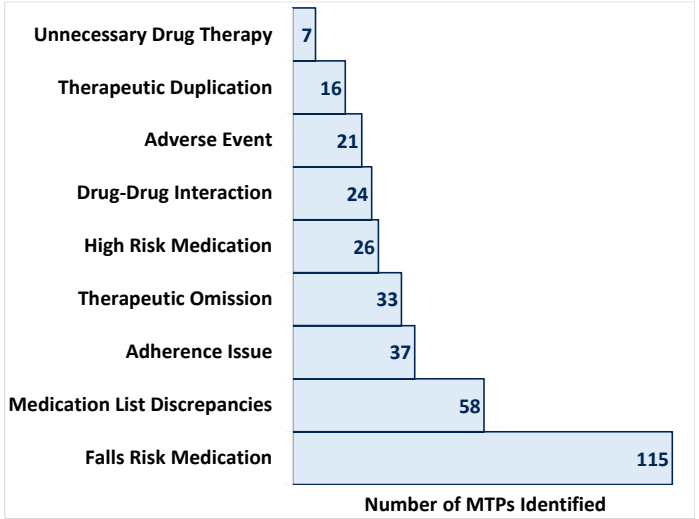
STUDY SAMPLE



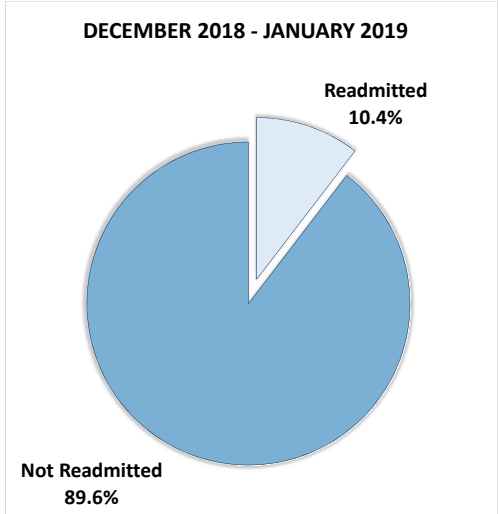
DEMOGRAPHICS

Characteristic (N=144)	N (%)
Age, Mean (±SD)	72 (13.1)
Gender	
Female	78 (54.2%)
Male	66 (45.8%)
LACE Score, Median	12

MEDICATION THERAPY PROBLEMS IDENTIFIED (N=337)



30-DAY READMISSION RATES (N=144)



DISCUSSION AND NEXT STEPS

- Pharmacist-pharmacy technician teams were able to identify an average of 2.3 medication therapy problems per patient; an average of 7 updates were required for each patient's medication list.
- 30-day readmission rates for high- to very-high-risk patients receiving intervention by the pharmacy team was 10.4%.
  - Based on data provided by the third party administrator, overall readmission rates for high- to very-high-risk patients pre-study (September 2018) was 30.7% (63/205 patients readmitted; mean length of stay = 50 days). Sixty-day readmission data for our cohort of patients is pending and will allow for a better comparison.
- Further research is necessary to determine the cost saving potential of utilizing a pharmacy technician to complete the medication history compared to utilizing a pharmacist.

Thanks to the Community Pharmacy Foundation for financial support of this project.