

Six ways

pharmacy can elevate population health efforts

Medication errors and suboptimal medication use cost the U.S. an estimated \$528 billion annually.¹ This represents a massive opportunity to impact population health. To improve outcomes and lower spending, progressive health systems are expanding the role of the pharmacist across the care continuum. These six case studies highlight opportunities to deploy your medication experts more strategically—based on where your organization is on the value-based care pathway.

STRATEGY	CASE STUDY	RESULTS
<p>Provide medication management support during care transitions</p> <p>Preparing for risk-based payment</p>	<p>Novant Health <i>Integrated health network based in North Carolina</i></p> <ul style="list-style-type: none"> Pharmacists contact high-risk patients by phone after discharge for comprehensive medication reviews and share recommendations with prescriber for final sign-off. Pharmacists are part of a centralized, multidisciplinary care management team. 	<p>60% of patients receiving post-discharge calls are referred to pharmacy for additional review</p> <p>58% reduction in 30-day readmission rate</p> <p>Metrics to track</p> <ul style="list-style-type: none"> Readmissions ED visits Medication adherence Avoided pADEs² <p>Impact </p>
<p>Launch or expand bedside medication delivery or med-in-hand programs</p> <p>Some risk-based payment</p>	<p>Indiana University Health <i>14-hospital health system in Indiana</i></p> <ul style="list-style-type: none"> Pharmacy team offers program for patients to fill prescriptions before discharge and receive them at the bedside or retail pharmacy in hospital lobby. 	<p>Percentage of patients picking up discharge prescriptions in hospital retail pharmacy</p> <p>20% New programs, 40% Average programs, 88% Indiana University Health</p> <p>Metrics to track</p> <ul style="list-style-type: none"> Medication capture rate Discharge prescription revenue Medication adherence Drug-related readmissions <p>Impact </p>
<p>Provide medication therapy management for high-risk patients</p> <p>Some risk-based payment</p>	<p>Geisinger Health System <i>13-hospital integrated health system in Pennsylvania</i></p> <ul style="list-style-type: none"> Pharmacists embedded in primary care clinics perform comprehensive medication reviews, resolve medication problems, and optimize medication regimens. Pharmacists trained and credentialed to manage more than 16 conditions. 	<p>18% reduction in ED visits</p> <p>18% reduction in hospitalizations</p> <p>23% reduction in annual total care costs</p> <p>Metrics to track</p> <ul style="list-style-type: none"> Completion of preventive care measures Medication adherence Cost savings from de-prescribing Avoided pADEs Physician time spent on medication issues <p>Impact </p>
<p>Provide consultative services to prescribers</p> <p>Significant risk-based payment</p>	<p>Kaweah Delta Medical Center <i>581-bed hospital in California</i></p> <ul style="list-style-type: none"> Physicians can request a pharmacist consult on complex pain patients admitted to the hospital's medical and surgical floors. Pharmacists can adjust doses, incorporate multimodal regimens, suggest non-opioid alternatives, and refer patients to support services as needed. 	<p>\$1.8M in costs avoided from reduced drug-related complications and reduced length of stay</p> <p>95%+ of pharmacist recommendations are accepted by providers</p> <p>Metrics to track</p> <ul style="list-style-type: none"> Length of stay Avoided pADEs Readmissions PMPM savings <p>Impact </p>
<p>Provide ongoing management support for specialty pharmacy patients</p> <p>Significant risk-based payment</p>	<p>Banner Health <i>28-hospital health system based in Arizona</i></p> <ul style="list-style-type: none"> Pharmacy team provides ongoing monitoring and support for specialty pharmacy patients—intervening when necessary to optimize medication regimen. Interventions include delaying shipments if patient has excess supply or can't pick up medications on time, suggesting alternatives to improve convenience and adherence, and filling gaps in care. 	<p>\$5.25M in cost savings from 2017 to mid-2019</p> <p>96% of patients are satisfied/very satisfied with their specialty pharmacy experience</p> <p>Metrics to track</p> <ul style="list-style-type: none"> Cost savings (hard: unnecessary medications not dispensed; soft: prevented downstream care) Care gaps identified and filled Medication adherence Time to therapy <p>Impact </p>
<p>Provide pharmacist-led medication reconciliation for patients transitioned to SNFs³</p> <p>Significant risk-based payment</p>	<p>Cedars-Sinai Medical Center <i>886-bed nonprofit hospital in California</i></p> <ul style="list-style-type: none"> Pharmacist reviews patient SNF medication administration records within 72 hours of SNF admission, reconciles medication lists, and provides recommendations to care team. Pharmacist is part of a multidisciplinary team that includes nurse practitioners, a nurse educator, and a pharmacy technician. 	<p>50% of patients require a pharmacist intervention to prevent a pADE</p> <p>29% lower likelihood of readmission within 30 days</p> <p>Metrics to track</p> <ul style="list-style-type: none"> Avoided pADEs Readmissions Satisfaction ratings <p>Impact </p>

Quality Revenue Cost avoidance Patient satisfaction Access Physician satisfaction

1. Watanabe JH, et al., "Cost of Prescription Drug-Related Morbidity and Mortality," *Ann Pharmacother*, 52, no. 9 (2018): 829-837.
2. Potential adverse drug events.
3. Skilled nursing facilities.

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