

# Pharmacists fill a critical gap in caring for aging patients

The share of the Medicare population over 75 is growing. And with it, inpatient care will shift from procedural needs to less profitable, more complex medical needs—increasing margin pressure on acute care provider organizations. In addition, geriatric patients tend to require outpatient care from multiple specialists for a variety of chronic and acute conditions.

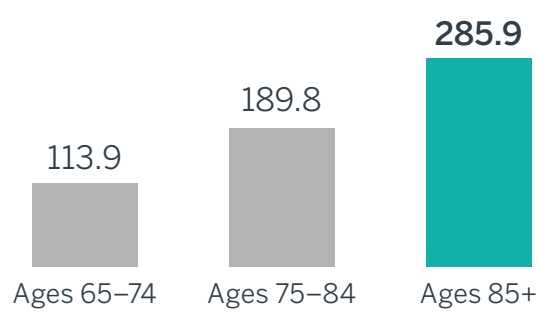
Caring for these patients will stress provider capabilities and health system bottom lines. The good news? Pharmacists are well positioned to help. **Here's how.**



## The scope of the geriatric care challenge

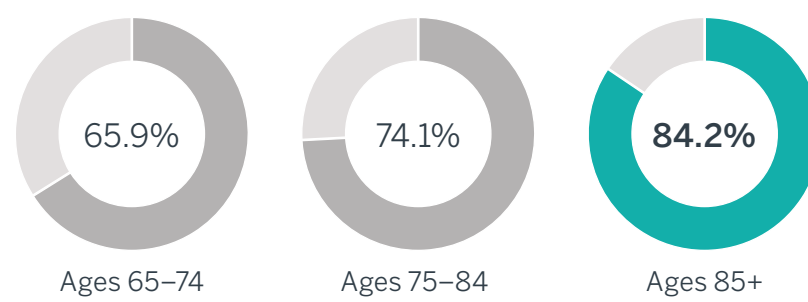
### Older patients are admitted more...

Annual hospitalizations per 1,000 enrollees



### ...for non-surgical causes...

Non-surgical portion of MS-DRG volumes



### ...and need specialized care

Geriatricians needed to meet population demands



## How pharmacists can support geriatric care and drive positive health system margins

### CARE DELIVERY

**Ensure appropriate prescribing in both inpatient and outpatient settings.** Appropriate prescribing improves care and eliminates avoidable costs. However, it is especially challenging for patients with multiple comorbidities and polypharmacy needs. By partnering with providers, pharmacists can improve prescribing and often free up provider time to focus on non-medication needs.

#### Strategies pharmacy can employ

- Ensure high-quality medication reconciliation for geriatric patients at all care transitions.
- Use automated risk-stratification tools to prioritize high-risk patients for MTM,<sup>1</sup> TCM,<sup>2</sup> and other clinical pharmacy services.
- Partner with geriatric service line and deploy geriatric pharmacists strategically.
- Conduct fall risk assessments and adjust medications as needed.
- Make recommendations to de-prescribe medications when appropriate.

### FINANCIAL SUSTAINABILITY

**Lower costs in the inpatient setting.** Patients hospitalized for non-surgical reasons often have substantial medication needs. Pharmacy expertise can deflect inpatient medication costs both by lowering acquisition costs and by working with prescribers to use lower-cost drugs when they are available. In addition, pharmacy involvement at discharge may help lower costs from avoidable readmissions.

- Plan for impact on drug spend from case-mix shift as part of pharmacy budgeting process.
- Improve inventory management and strategic sourcing to reduce drug costs.
- Use P&T committee to reduce unnecessary prescribing variation and lower drug spend.
- Implement pharmacist-led medication education to improve medication adherence and prevent readmissions.

### ACCESS TO CARE

**Improve patient access to medications.** Aging patients typically take more and higher-cost medications. The pharmacy team can lower barriers to medication access in the outpatient setting through their retail and specialty pharmacy strategy. Health system-owned pharmacies can support profitable reimbursement while also ensuring seamless medication access and affordability.

- Ensure specialty pharmacy services are accessible and easy-to-use for the Medicare population.
- Staff pharmacies sufficiently to ensure timely prior authorization approval and identify sources of patient financial assistance.
- Make retail pharmacy services physically accessible to older adult population through convenient parking, wheelchair access, and larger signage.
- Synchronize medication refills and consider offering adherence packaging.
- Offer home delivery for prescriptions.



Source: CMS Standard Analytical Files (SAF), Jan 1–Dec 31, 2017; Span P, "Older People Need Geriatricians. Where Will They Come From?" *New York Times*, Jan 3, 2020; Pharmacy Executive Forum interviews and analysis.

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1) Medication therapy management.  
2) Transitional care management.