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# Implementation of a Pharmacy-Driven COPD Transition of Care Service

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# Learning Objectives

- Explain the impact of a pharmacy-driven transition of care service on COPD-related hospital readmissions.
- Identify different areas of intervention that would benefit COPD patients who are admitted to a hospital.



# Implementation of a Pharmacy-Driven COPD Transition of Care Service

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# Necessity of Program

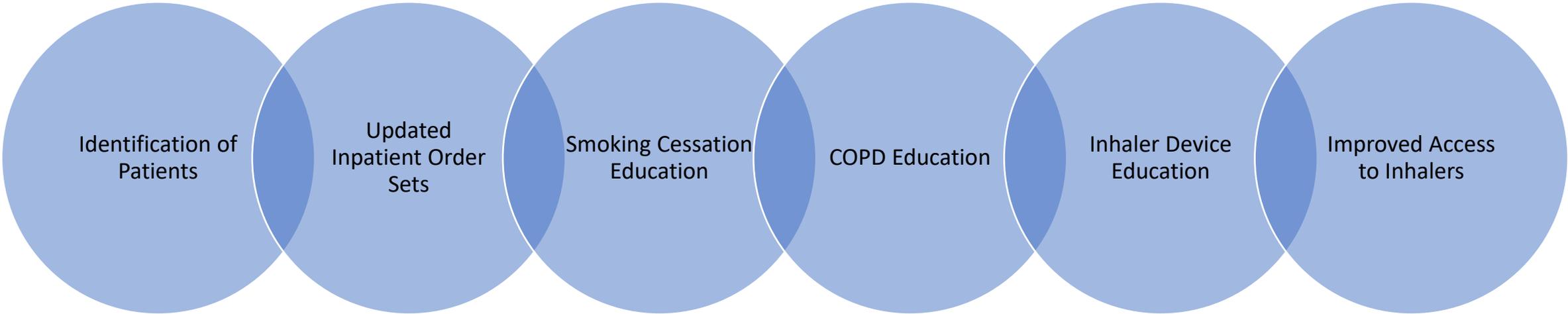
- COPD is part of CMS Hospital Readmission Reduction Program (HRRP)
- Financial incentive for reducing COPD readmissions
- Patient adherence is low and most patients demonstrate poor inhaler technique
- Only 6% of patients with adherence > 80% in both attempted adherence and technique in a study of 244 patients
- Inhalers provide a significant financial burden to patients when not aligned with insurance coverage
- Commercial insurance and Medicare/Medicaid plans have varying formularies, and can be difficult for patients and prescribers to navigate

Sulaiman I et al. Am J Respir Crit Care Med 2017; 195 (10): 1334-1343

# BMH-Memphis Baseline Data

- Baseline 30-day readmission rate: 20-25%
- Average length of stay on readmission: 9 days
- 14% of patients discharged on guideline-recommended inhalers
- 15% of patients filled inhalers prescribed at discharge

# Multidisciplinary & Multifaceted Approach



# Identification of Patients

- Goal was to target patients on principle COPD admissions
- Initially available list included all patients with COPD on their problem list, regardless of their reason for admission
- Collaborated with clinical documentation improvement (CDI) nurses who place a working DRG and ICD-10 code for all Medicare inpatients
- Collaborated with EHR Build Team to allow this field to be viewed by pharmacists and physicians
- Created a working list to target patients for Transitions of Care interventions without relying on consults

# Smoking Cessation Counseling

- Respiratory Therapy developed a way to incorporate smoking cessation counseling and documentation into the flowsheets on patient charts as part of their workflow
- Physicians and pharmacists are now able to place consults for Respiratory Therapy to provide smoking cessation counseling
- Pharmacists also identify patients who would benefit from smoking cessation counseling and who are interested in pharmacotherapy to aid cessation during the Transitions of Care process

# Disease State and Inhaler Education

- Pharmacists provide education on:
  - The pathophysiology of COPD
  - The difference in maintenance and rescue inhalers
  - Proper inhaler technique for each inhaler prescribed, utilizing the teach-back method with placebo inhalers
    - Education sheets for each inhaler device were created and are also provided to patients
  - Self-management of symptoms with a COPD action plan

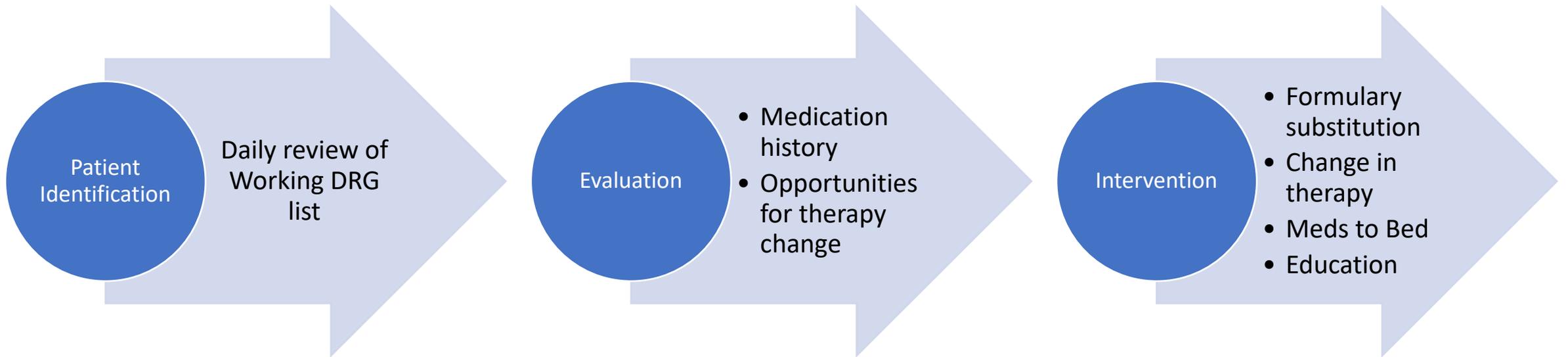
# Improved Access to Inhalers

- Pharmacists review each patient's insurance coverage as part of the Transitions of Care process
- Provide coupon cards when eligible or help enroll/educate on manufacturer patient assistance programs
- Pharmacists review insurance formularies & automatically substitute inhalers within the same class to insurance formulary preference
- Literature search and evaluation of meta-analyses for LABA, LAMA, LABA/LAMA, and LABA/ICS inhalers showed that there is little to no variation in exacerbation rates for inhalers within the same class
- Gained P&T approval to automatically substitute inhalers within the same class with 11 refills added to prescriptions
- Deliver inhaler to bedside through Meds to Bed program in conjunction with outpatient pharmacy

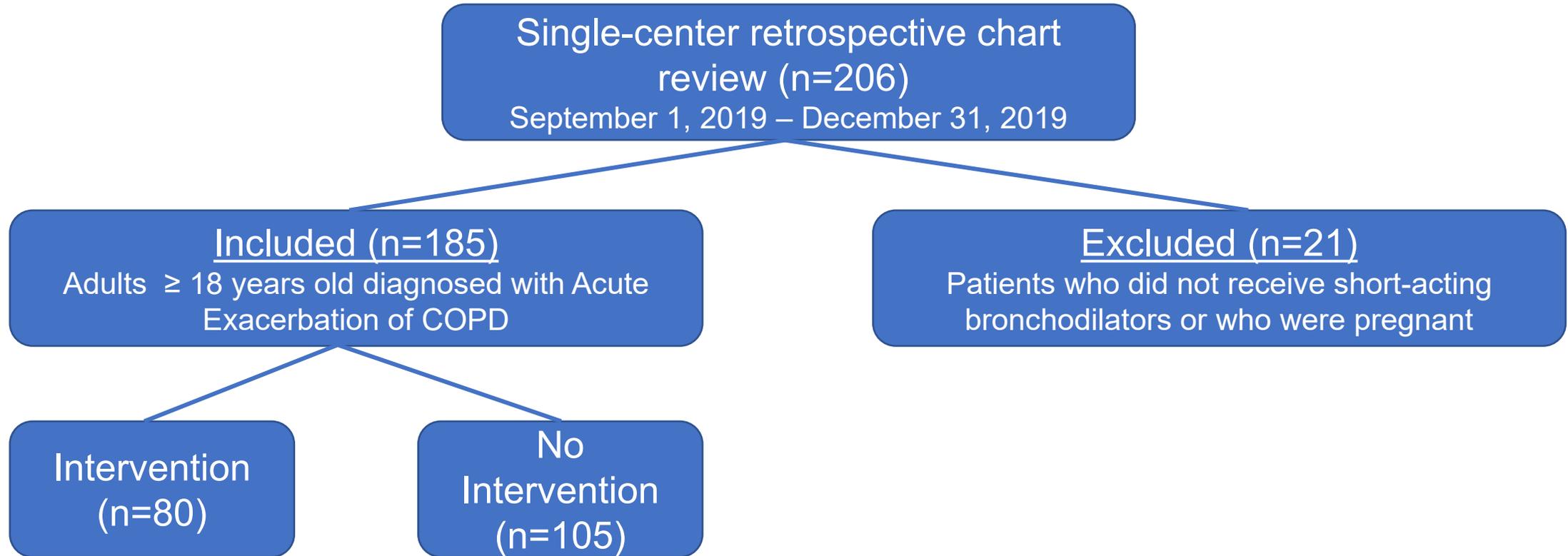
*Int J Chron Obstruct Pulmon Dis. 2017;12:367-381; Int J Chron Obstruct Pulmon Dis. 2015;10:2495-517.*

*Int J Chron Obstruct Pulmon Dis. 2015;10:1863-81; Int J Chron Obstruct Pulmon Dis. 2014;9:469-79.*

# Process of Pharmacist Interventions



# Assessment of Interventions



# Endpoints

## Primary Endpoint

- 30-day all-cause readmissions

## Secondary Endpoints

- 30-day COPD-related readmissions
- Hospital length of stay (LOS)
- Utilization of guideline-directed therapy

# Baseline Characteristics

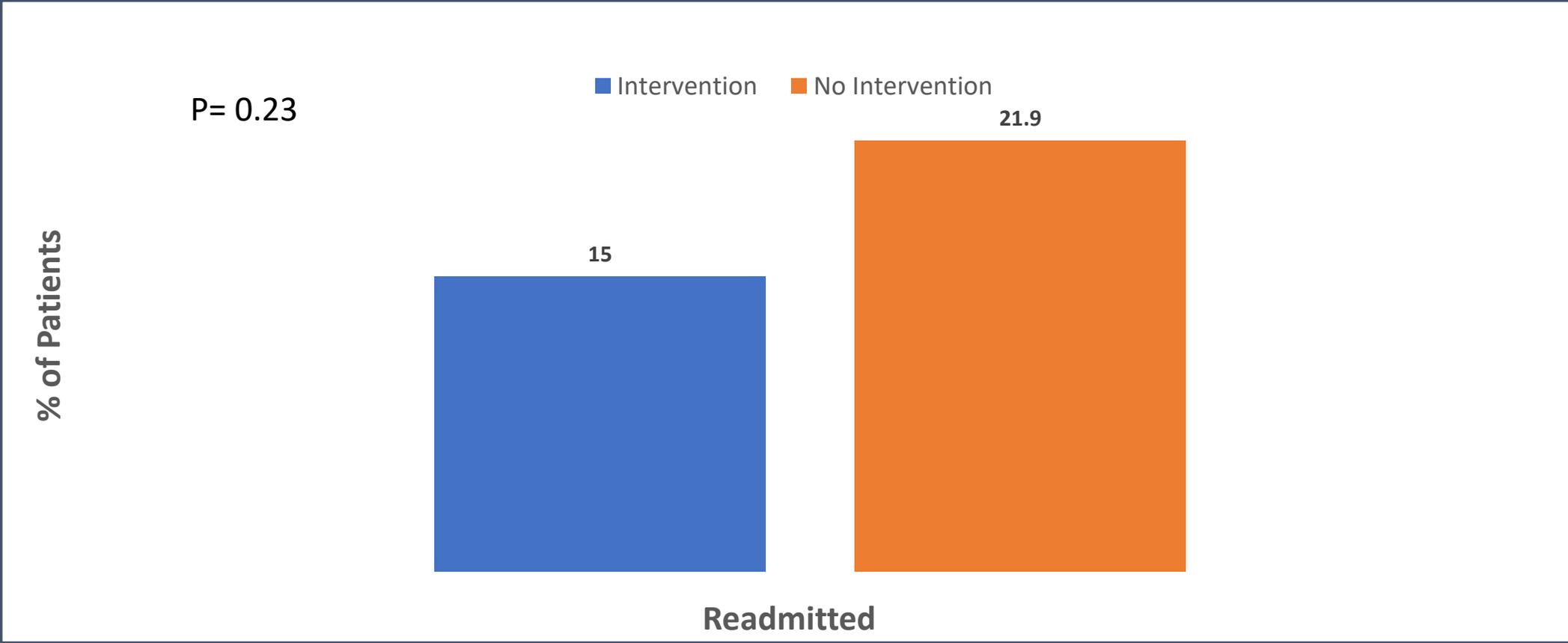
Characteristic	Intervention (n= 80)	No Intervention (n= 105)	P-Value
Age, years (mean)	64.05	67.55	0.04
Female, n (%)	56 (70)	63 (60)	0.16
Race, n (%)			
- African American	45 (56)	47 (45)	0.12
- Caucasian	35 (44)	58 (55)	0.12
Home Oxygen, n (%)	28 (35)	41 (39)	0.57
Prescription for Long-Acting Therapy, n (%)	58 (73)	75 (72)	0.87
Smoking History, n (%)			
- Current Smoker	17 (21)	38 (36)	0.03
- Former Smoker	57 (71)	54 (51)	0.01
- Never Smoker	6 (8)	13 (12)	0.28

# Results

Outcome	Intervention (n=80)	No Intervention (n=105)	P-value
30-Day All-Cause Readmissions, n(%)	12 (15%)	23 (22%)	0.23
30-Day COPD-Related Readmissions, n(%)	0 (0%)	9 (39%)	0.04
Discharged on Guideline Directed Therapy, n(%)	58 (73%)	43 (41%)	< 0.01
Hospital Length of Stay (days)	4.5	4.3	0.71

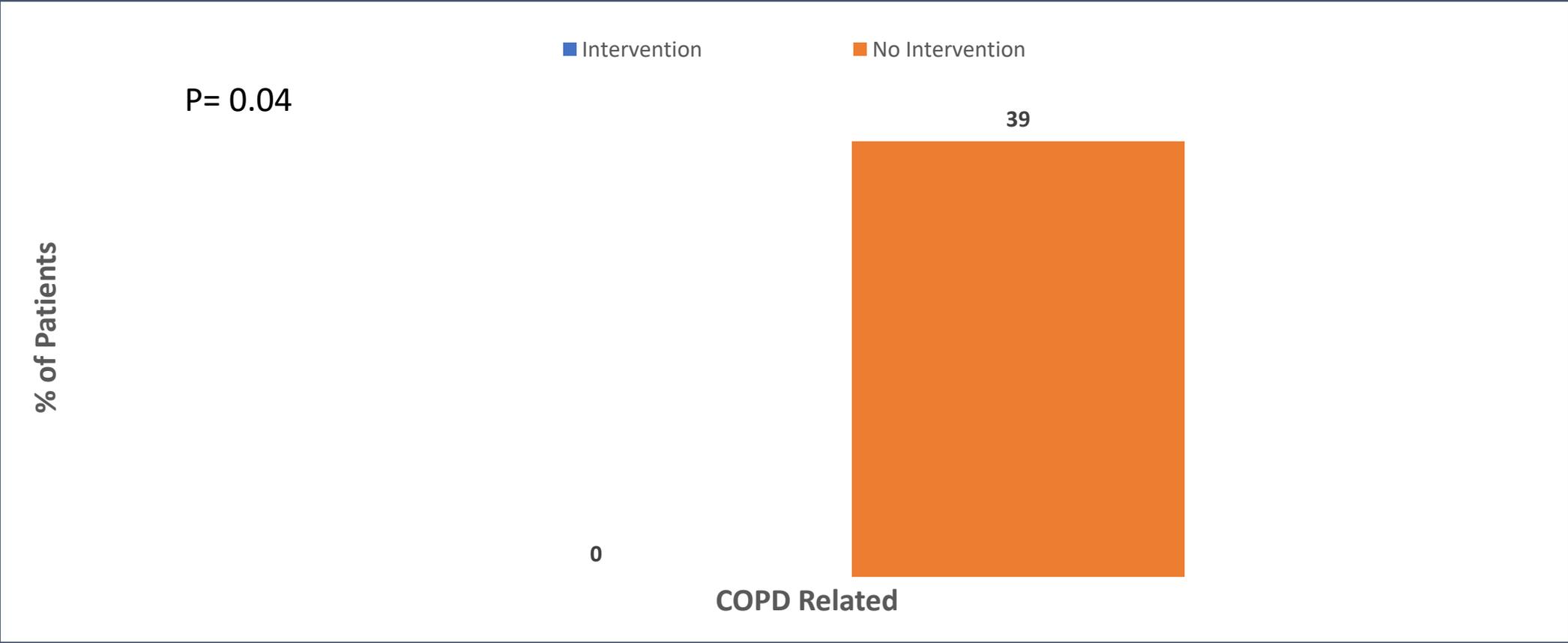
# Results

## 30-Day All-Cause Readmission Rates



# Results

## 30 Day COPD Readmission Rates



# Lessons Learned

- Identify patients for intervention with the biggest impact on patient care and readmission rates
- Utilize P&T approved processes to streamline interventions and communication
- Identify and understand which types of pharmacy interventions carry the biggest impact for medication adherence and smooth transitions of care
  - Insurance formulary review & med optimization
  - Meds to Bed
- Utilize order sets to optimize therapy and to draw attention to consult options for multidisciplinary care

# Key Takeaways

- Identification of the patients who would most benefit from intervention is important in order to conserve time and resources – and make the biggest impact on patient care and readmission rates.
- Identifying patients early on in their admission allows time for effective medication optimization and education.
- Pharmacists can be instrumental in ensuring patients have access to their medications and understand how to use them, improving medication adherence.
- Order set utilization and P&T approved protocols allow for less time-intensive improvements in patient care.

# Questions?



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