2018 Innovation & Research Forum – Projects

Effect of Postdismissal Pharmacist Visits for Patients Using High-Risk Medications

Joseph Herges, PharmD, BCPS. Instructor in Pharmacy, College of Medicine, Mayo Clinic. Medication Therapy Management Pharmacist. Mayo Clinic, Rochester, MN.

Project Collaborators Lori Herges, PharmD, BCPS; Ross Dierkhising, MS; Kristin Mara, MS; Amanda Davis, PharmD, BCACP; Kurt Angstman, MD

Podium

What did you do and why was it important? We studied whether a pharmacist-clinician collaborative (PCC) visit following hospital dismissal for patients on high risk medications for hospital admission would reduce readmission risk compared to usual care. It was important to show that this collaborative effort improved patient outcomes, and may help us focus our efforts on the population taking these high risk medications.

How did you do it?
We retrospectively reviewed 502 patients who met inclusion criteria and had a PCC visits after hospital dismissal and compared to 502 patients who only saw a clinician. We used a cox proportional hazards model to compare the risk of 30, 60 and 180 day readmission between the groups.

What did you learn?
After adjusting for differences in background demographic characteristics, patients in the PCC group were significantly less likely to be readmitted to the hospital within 30 days postdismissal compared to the clinician only group (hazard ratio, 0.49; 95% CI, 0.5-0.69;P<.001). The statistically significant difference was maintained at 60 and 180 days as well.

What is next?
We would next like to study the financial impact of the collaborative visits and have that project underway. We would also like to do a quality improvement project to see if these visits can be improved.

IRB Approval Yes **HIPAA Compliance** Yes

Funding Funded internally by the Mayo Pharmacy Research Committee