

Home pharmacist visits seek to cut hospital readmission rates

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The University of Rhode Island's College of Pharmacy is pairing home visits from pharmacists with the latest technology, providing instant access to a patient's medical history and medications, all in an effort to reduce hospital readmissions.

The Center for Technology and Aging has awarded a Tech4Impact Diffusion Grant to the College of Pharmacy to work collaboratively with the Rhode Island Department of Elderly Affairs to gain more experience with and to evaluate the benefits of technologies that improve patients' transitions from hospitals to their homes. The one-year, \$98,000 grant will make it possible for a pharmacist to visit the homes of patients who have been discharged from the [hospital](#), double check medications prescribed in the hospital against those prescribed by the patient's regular doctors, and help the patient create their own electronic personal health record.

"The pharmacist can add tremendous value and help avert problems," said URI Pharmacy Associate Professor Stephen Kogut, who will oversee the grant. "Too many patients end up back in hospitals, especially elderly patients."

The United States has an 18-percent rate of hospital readmissions within 30 days of discharge and as many as 76 percent of these readmissions are preventable, according to [Medicare](#) data. If these unnecessary readmissions were avoided, an estimated \$25 billion could be saved annually.

Studies show that medication problems occur frequently after hospitalization, with about half of patients experiencing a drug therapy duplication, interaction, or other type of medication problem after discharge. Pharmacists can make sure that new medications prescribed in the hospital are "reconciled" with the ones prescribed by the patient's usual doctors, and also review any over-the-counter medications that the patient may be taking. Additionally, pharmacists are specifically

trained to look for an important medication that may have been inadvertently omitted, and would also know if a better formulation of a prescribed medication is available, Kogut said.

URI has hired clinical pharmacist Camille Charbonneau to work on the grant. Her role is to help recruit and visit patients, and use the ER-Card system to review their prescriptions for interactions and other medication-related problems. If patients are uncomfortable with the pharmacist visiting their home, they can also meet at a senior center, or other location of their choice. Kogut hopes to enroll between 100 and 200 patients in the study. The study's project team also includes URI Associate Professor of Research Pharmacy Elaina Goldstein, who serves as the program manager, and URI Assistant Professor of Clinical Pharmacy Practice Anita Jackson, who assists with ER-Card profile reviews.

During the home visit, the pharmacist will input the patient's medical history and medications into a laptop or, if the patient wishes, into the patient's computer to complete an electronic [personal health record](#) called the ER-Card. A USB drive with the patient's ER-Card profile can be given to the patient, or if a patient doesn't have computer access, a hard copy will be printed. The patient will bring his ER-Card or printed information to medical appointments and hospitals, where it can be viewed easily and used to inform medical care providers.

"The patient's medical history can be accessed around-the-clock and it can be used to help the physician make treatment decisions, rule out problems, and perhaps to avoid repeating a test or prescribing a contraindicated medication," Kogut said. "The ER-Card system helps ensure that medications and care are optimally used."

Provided by University of Rhode Island

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