

Introduction

- Medication-related problems (MRPs) are common after hospitalization and inadequate follow-up post discharge can lead to downstream rehospitalizations and higher overall costs to the healthcare system.
- Transitions of care introduces a variety of medication challenges to patients, which precipitate from new medications, changes to treatment plans, and follow-up instructions to other providers.¹
- Ambulatory care pharmacists are uniquely positioned to proactively resolve MRPs to improve patient outcomes by closing care gaps not addressed in the inpatient hospital setting.²
- MIH-CP program focuses on improving post-discharge transitions with a primary goal of preventing 30-day hospital readmissions.
- The MIH pharmacist provides comprehensive individualized support through comprehensive medication management.

Aims

- To quantify and evaluate MRPs identified by the MIH-CP pharmacist during transition of care visits from July 1, 2021, to July 31, 2022

Methods

- Retrospective observational study.
- Inclusion Criteria:
 - Patients aged 18 years and older
 - Discharged from University of Maryland Medical Center (UMMC) and UMMC Midtown campus.
 - Resident of West Baltimore based on Zip code
- All MRPs were documented in a Microsoft Excel database including the medication name, category of MRP, actions taken to resolve, and the outcome of the intervention.
- Pharmacist completed a descriptive analysis of all MRPs to include the frequency, types and severity, and the potential medication related harm.

Results

- Total of 334 patients were seen during the study period.
- 80.4% of patients had at least one MRP.
- 547 MRPs were identified and intervened on by the pharmacist. 458 of 547 were classified as mild, moderate, or severe based on PharmD clinical judgement.
 - Mild = if not resolved, would not harm the patient (i.e., missing laxative)
 - Moderate = has the potential to harm the patient but not lead to ER visit, rehospitalization or death (i.e. muscle pain from statin use)
 - Severe = has the potential to lead to ER visit, rehospitalization or death (i.e., non-adherence to DAPT post PCI)

Figure 1: Distribution of MRP types by severity

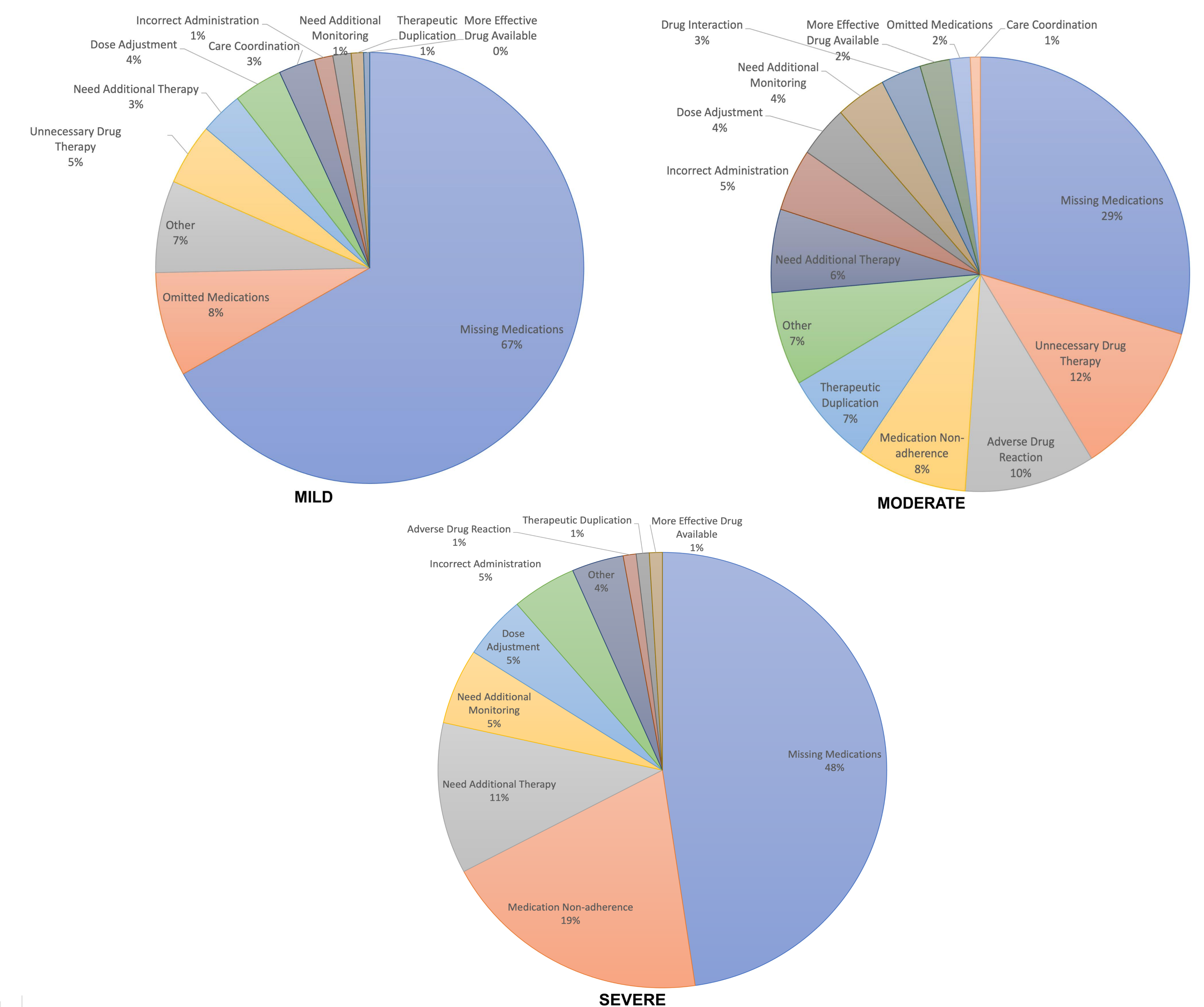


Table 1: Distribution of patient visits per month

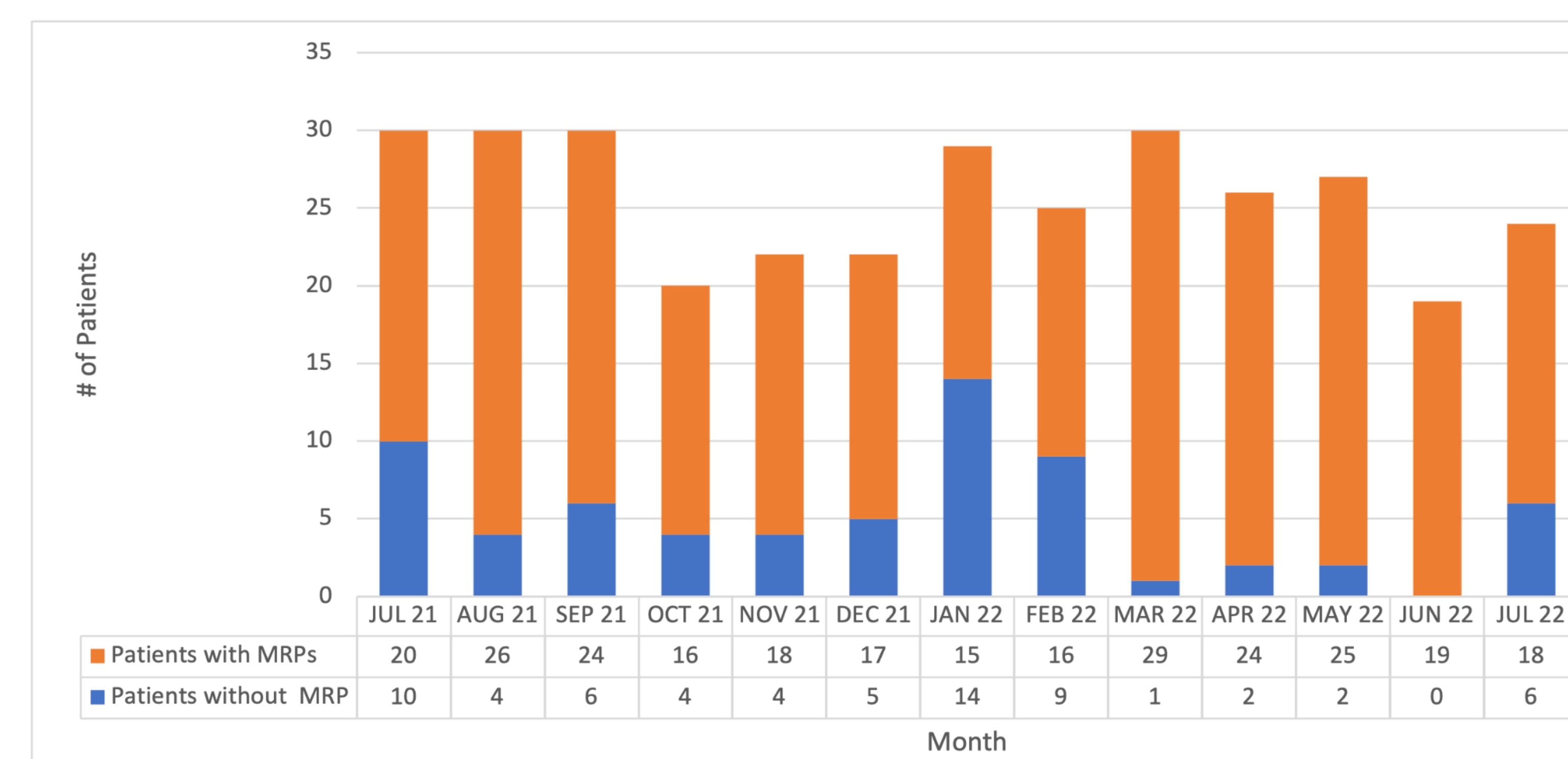
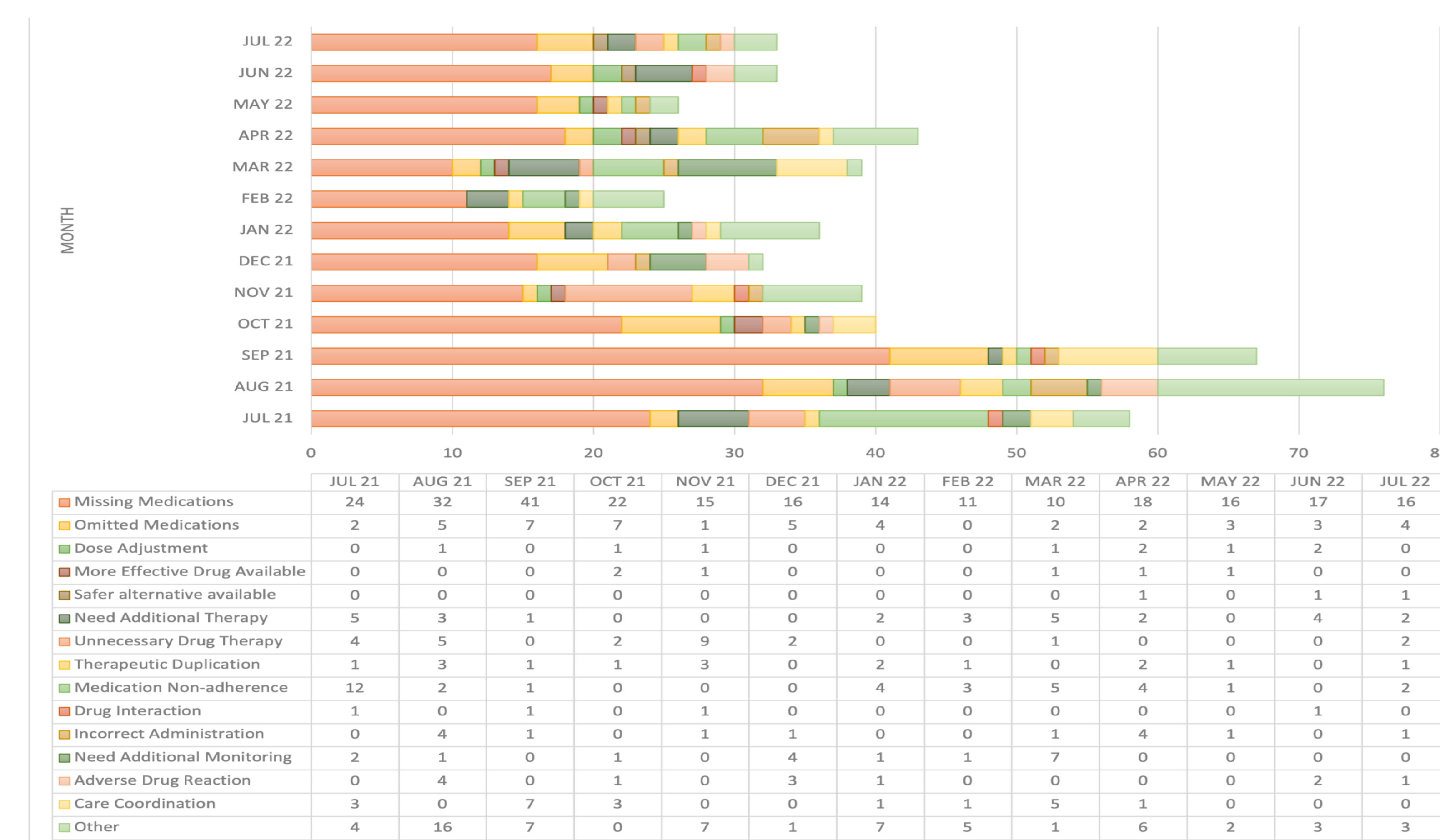


Table 2: Cumulative MRPs by category



Conclusion

- MRPs continue to be a major source of preventable hospital readmissions and poor health outcomes.
- Pharmacists play a valuable role in preventing medication problems in the transitions of care settings by performing comprehensive medication reviews.

References

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- Cardinal C, Slazak E, Will S, Clark CM, Daly CJ, Jacobs DM. Pharmacist-led transitions-of-care services in primary care settings: Opportunities, experiences, and challenges. *J Am Pharm Assoc.* (2003). 2020;60(3):443-449. doi:10.1016/j.japh.2019.11.016

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Acknowledgment: UMSOP APPE student class '22 – Data analysis, and visualization Celeste Chung