

Prescription for Prevention: Is Medication Reconciliation the Cure to Lower Readmissions?

An ESI Healthcare Business Solutions White Paper
by Russell Gilbert, PharmD, RPh



Introduction

The government and other payers are looking to reduce patient readmissions and control healthcare costs by reducing or denying payment for preventable readmissions. The Affordable Care Act required a Hospital Readmission Reduction Program that began in October 2012 with structured payments to reflect the quality of care patients received. Due to the potential decrease in reimbursements, hospitals are actively pursuing ways to lower readmission rates.¹ Many of these readmissions are attributed to elderly patients with chronic diseases. In up to 73% of this population's readmissions, some form of failure to take medications properly was attributed.²

Medication and Readmissions

Hospitals are implementing preventive proactive strategies or programs to reduce readmissions. These strategies and programs focus on improving discharge planning processes and providing improved transitional patient care after hospital discharge including:

- identifying patients at risk for readmission
- scheduling follow-up doctor appointments before patients are discharged
- educating patients and caregivers about medication adherence

It is estimated that non-adherence to a medication regimen costs the US healthcare system as much as \$290 to \$300 billion per year because this non-adherence often require additional doctor visits by the patients, new medication, hospitalization, or emergency room visits for their worsening condition.³ Many of these adverse events could have been prevented if the patients had properly taken their medication. CMS estimates that 11% of hospital readmissions in Medicare occur due to medication nonadherence.⁴ In order to avoid financial penalties, hospitals and the healthcare industry will need to address the medication adherence challenges that continue to drive up readmission rates.

Problem Statement

The clinical and business impact of poor medication adherence for healthcare organizations today is hard to digest all at once. To put this in perspective, if non-adherence to a medication regimen costs our healthcare system the estimated \$290 to \$300 billion per year and 73% could be easily addressed, \$211 to \$219 billion could potentially be saved. Non-adherence will adversely affect the provider bottom line and patient outcomes. Medication adherence offers healthcare systems an achievable, higher impact, cost-cutting opportunity. Despite the reality of the economic pain caused by readmissions, and clear recognition that poor medication adherence is the biggest contributing factor, few hospitals are coming up with better solutions for improving adherence resulting in continuing readmissions with unacceptable clinical outcomes.

Solutions in the Market

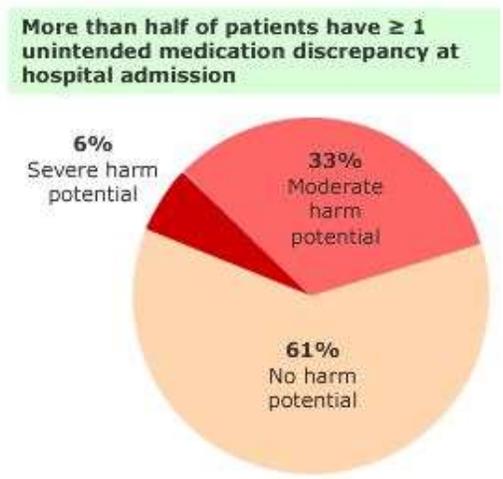
To improve medication adherence, a more comprehensive, verifiable and accessible patient medication history is essential. As additional electronic prescription data sources have become available, key differentiators are in the size of the data source, number of data sources, type of data provided, and percentages of returned medication queries. Most prescription history solutions include PBM (Pharmacy Benefits Management) data, which varies by geographic location. Nationally, the average in PBM successful query rate is approximately 60%. SureScripts has been the primary source for PBM data. There are numerous resellers for this data and the usual charge is based on a per transaction basis. Often the charge is for every patient query regardless of whether information is returned. Other

prescription history solutions pull from e-prescribed data sent electronically to the pharmacy. Prescriptions sent to the pharmacy are not always filled, and are often abandoned. This type of data source provides a successful query rate at approximately 40%.

By limiting the data sources to PBM data or e-prescribed data, Medicaid, Medicare and cash prescriptions may not be accounted for in the results. E-prescriptions may be erroneously included. These solutions provide a limited view into the patient's medication history. However, a solution has been developed that utilizes the same PBM data as the other resellers in the market, and adds multiple data sources into the largest repository of prescription data. This solution allows for query rates of up to 90%. The ability to customize a query to a client's needs, combined with the flexibility to add additional data sources as needed, provides added value to the solution.

ESI Rx History™ Solution - Medication Validation and Reconciliation

As the largest combined data source repository of adjudicated prescription information available in the market, ESI Rx History™ solution is able to provide successful query rates of up to 90%. As additional data sources become available such as direct feeds from state Medicaid and Medicare, ESI will work with clients to identify and source the gaps in information. By working with pharmacy switches, ESI can include self-pay, carve outs which could include 340B, or charity prescriptions into the repository. Additionally, the application can interface with existing systems and pull data to combine information such as allergies, it noted. ESI's goal is to get the medication list as accurate as possible from all electronic data sources before face-to-face medication reconciliation begins, thereby decreasing the time spent on patient interviews, resulting in improved accuracy.



Source: Cornish PL, Knowles SR, Marchesano R, et al. Unintended medication discrepancies at the time of hospital admission. Arch Intern Med. 2005; 165:424-429.9

How the ESI Rx History™ Solution Works

Medication history requests require five specific demographic elements, and an electronic response is returned via the ESI web portal, or in a direct interface to the EMR, or ADT system.

The information returned is sorted by active medication first in descending date range, refill information, has the ability to limit the time frame displayed or printed, show the drug image and

indicate the pharmacy, prescriber, date filled and other information to facilitate the medication reconciliation. Additionally, drug interaction can be provided.

Because the quality of the data and the success rate are the keys to a better medication history and reconciliation, a solution that provides 30% to 50% more prescription data provides more value to the users.

Summary

With CMS and a growing number of commercial payers penalizing hospitals for excess readmissions, reducing 30-day readmissions is a financial imperative for health care organizations. With the increasing financial penalties at stake, a program that assists with medication reconciliation could;

- reduce any penalties with lower readmissions
- limit additional expenses and non-reimbursements from readmissions
- save the healthcare system billions of dollars
- improve the patient outcomes

Improved medication histories and reconciliation is only part of the cure for lowering readmissions. There is no quick fix that will improve each entity involved, but there is one easy solution that can assist with efforts already underway regarding readmissions. A medication history solution that provides the best data at an affordable cost is a clear choice. For more information on ESI Rx History™ solution or to discuss a free trial to verify the true value of our product, please contact ESI Healthcare Business Solutions.

About ESI Healthcare Business Solutions

ESI Healthcare Business Solutions (ESI) partners with healthcare organizations to deliver client-specific solutions focused on a full suite of pharmacy solutions, reimbursement, performance-based professional service agreements, HIE knowledge and experience, and consulting services. With headquarters in Dallas, Texas, ESI Healthcare Business Solutions applies proprietary technology and solid industry expertise to help our clients achieve efficiencies and savings, drive revenue and improve patient outcomes. Based on our successful track record and the knowledge and experience we have gained in healthcare over 24 years, ESI is confident we deliver solutions and support services needed to provide clients consistent and significant results. Our goal is to provide value to our clients by delivering results that exceed the cost of our solutions. For more information visit: www.esihealthcaresolutions.com.

About the Author

Dr. Gilbert is the Sr. Director of Pharmacy Services for ESI Healthcare Business Solutions. He assists ESI in the development and implementations of client-centered, value driven healthcare solutions. He has a diversified pharmacy experience across hospital and retail settings establishing valuable relationships with healthcare organizations, customers, pharmaceutical representatives/managers, medical professionals, and insurance providers.

References

- [1] Wallstreet journal online. January 22, 2013.
<http://online.wsj.com/article/SB10001424127887323301104578257872915782176.html>
- [2] Rozich J, Roger R. Medication safety: one organization's approach to the challenge. *J Clin Outcomes Manag* 2001; 8(10): 27-34.
- [3] NCPA: Adherence: Pharmacists Helping Patients Take Their Medication as Prescribed. 2013.
<http://www.ncpanet.org/index.php/pharmacists-and-adherence>
- [4] Osterberg, L., Blaschke, T. (2005). Adherence to medication. *N Engl J Med*, 353(5), 487-497