

Reducing COPD Readmission Rates: The Pharmacist's Role in Transitions of Care

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Disclosures

I have no conflicts of interests to disclose



Learning Objective

Describe the pharmacist's role in transitions of care and reduction of hospital readmissions for patients with COPD.

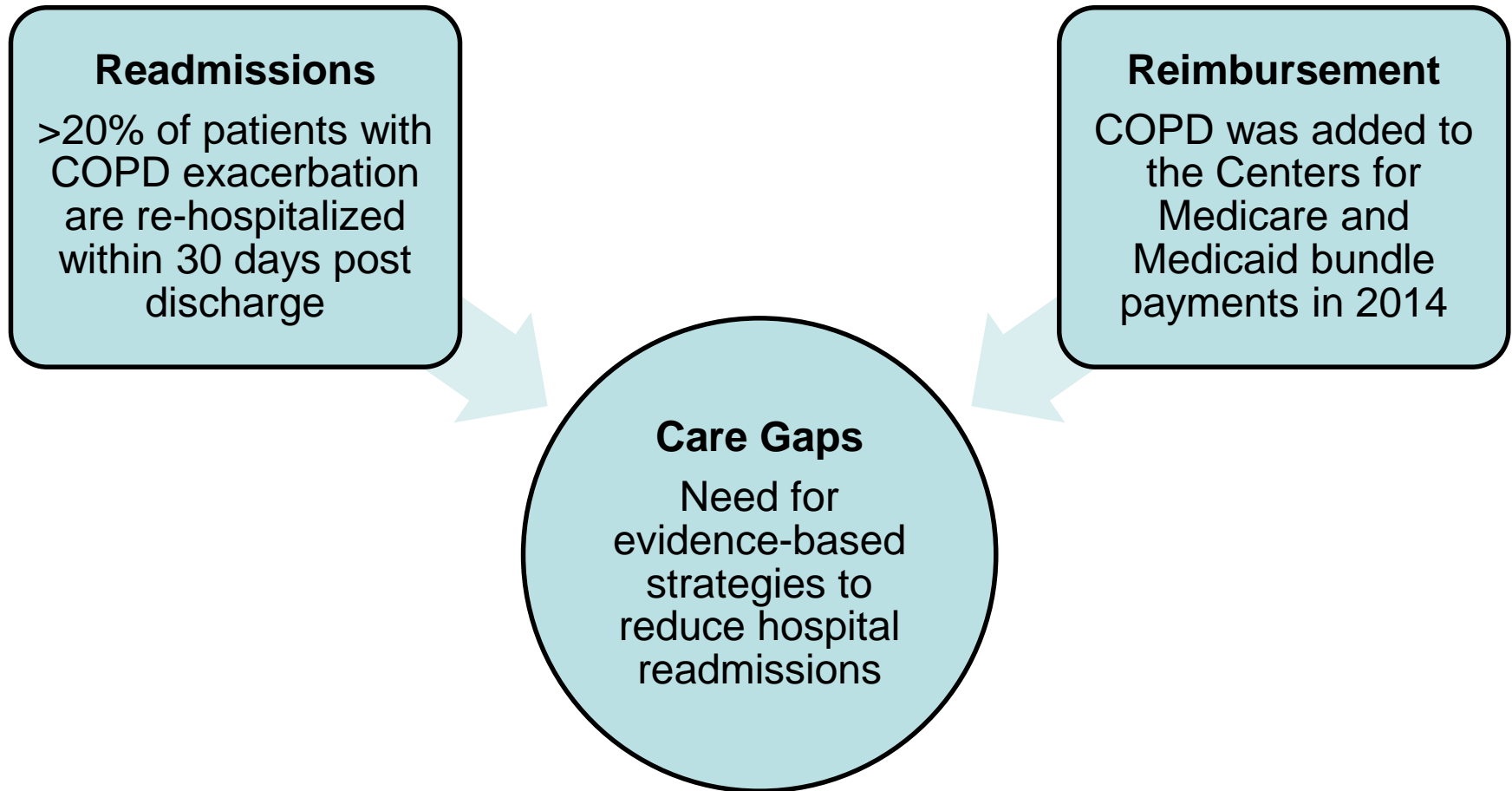


Chronic Obstructive Pulmonary Disease (COPD)

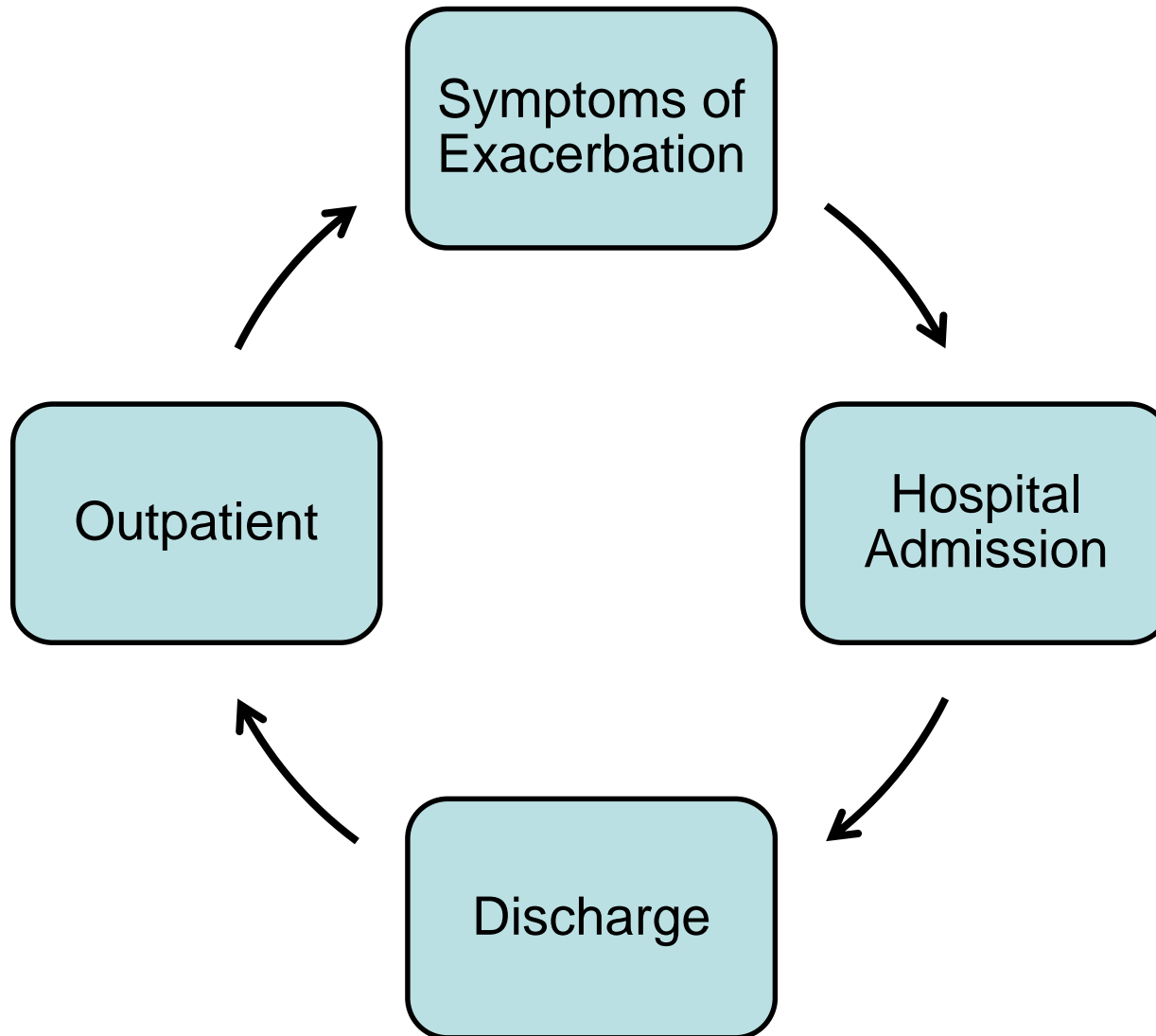
- 16 million people living with COPD
 - Estimated over 15 million people with under-recognized and under-diagnosed disease
- Third leading cause of death in the United States
 - Major cause of morbidity and mortality
 - Social and economic burden



COPD Transitions of Care



COPD Transitions of Care



Hospitalization

- Medication Therapy Management
 - Evaluate outpatient COPD medication regimen
 - Accurate medication reconciliation
 - Identify and address discrepancies
 - Ensure appropriate therapies
 - Assess administration technique
 - Verify cost and insurance coverage
 - Address comorbidities



Discharge Medication Reconciliation

- Eisenhower C. Annals of Pharmacotherapy. 2014.
 - **Objective**
 - To determine whether pharmacist-conducted medication reconciliation at discharge decreased medication discrepancies and reduced 30-day readmission rates for patients admitted with COPD exacerbation
 - **Intervention**
 - Medication reconciliation at time of hospital discharge
 - **Results**
 - 29 patients included in the study
 - 6 medication discrepancies were identified and corrected
 - 4 patients were readmitted for respiratory causes within 30 days of discharge



Outpatient Management

- Post Discharge Follow-Up
 - Ensure follow-up with primary care within 30 days
 - Reassess medication adherence and administration technique
- Strategies to Reduce Exacerbation Risk
 - Smoking cessation
 - Medication adherence
 - Patient education
 - Vaccinations



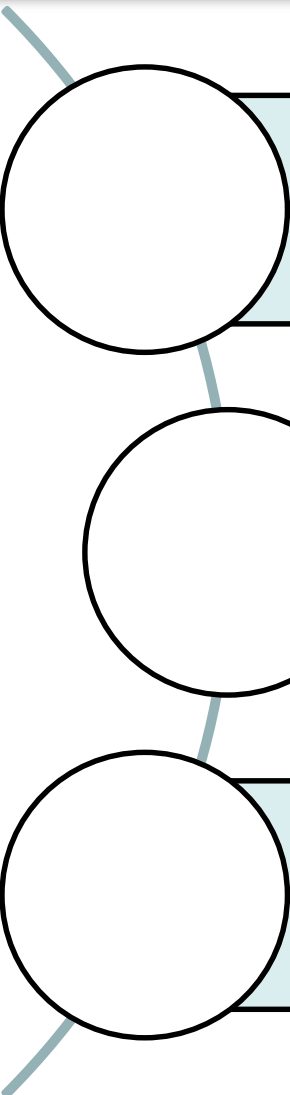
Outpatient Management

- Reinforcing Medication Education
 - Rudd, et al. Patient Education and Counseling. 2018.
 - Uncontrolled, pre-post study
 - Implemented a community pharmacist-led inhalation technique assessment service (ITAS)
 - Results
 - Primary outcome: improvement in inhalation technique (n=250)

Technique	Baseline	Follow-up 1 (Same day)	p-value	Follow-up 2 (3 months)	p-value
Optimal (all steps correct)	8%	72%	<0.001	52%	<0.001
Acceptable (all critical steps correct)	31%	86%	<0.001	75%	<0.001



Key Points

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There are multiple pharmacist-led strategies with demonstrated evidence for reducing hospital readmissions in COPD exacerbation.

Evaluate which strategies would best fit into your practice setting.

Combine efforts with other services to ensure the most success.



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