Implementing Virtual Discharge Consultations (VDC) into the Community Pharmacy Workflow

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INTRODUCTION

• The National Associations of Board of Pharmacy defines telepharmacy as “the provision of pharmaceutical care through the use of telecommunications and information technologies to patients at a distance.” Brown et al found that using community pharmacy to deliver asthma education through telepharmacy was an effective way to engage patients and maintain asthma control.2 Other studies found the potential to reduce readmission rates and improve the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores through telehealth.4

• The current standard of care includes three endpoints that the patient can go through once they are discharged from the hospital. Patients can pick up their medications at the pharmacy or family members can pick up the patient’s medications. Currently, the third option includes medication delivery and the consultation can be conducted bedside. This is not an option for the latter group who is an outpatient pharmacist out of the pharmacy and was not as efficient as expected.

• The objective of this project was to develop and implement virtual discharge consultation (VDC), in conjunction with the Transitions of Care (TOC) pharmacy service for patients being discharged from San Diego Medical Center (SDMC). Currently, there are no services in Kaiser Permanente within California region that use VDC services to this extent.

OBJECTIVES

• To develop and implement a virtual discharge consultation (VDC) service for patients being discharged from San Diego Medical Center (SDMC).

• To evaluate the effectiveness of VDC using patient surveys and conducting retrospective analysis.

METHODS

This study is an implementation, prospective study that was conducted from January 2nd, 2018 to March 2nd, 2018. The hours of operation were from Monday through Friday, from 9 to 4:30 pm. One pharmacist conducted the consultation and one pharmacy assistant delivered the medication and helped patients set up the video visit. The software used includes Getwell Network, which is an interactive patient care solution, and KP Health Connect (KHCX), Kaiser Permanente’s electronic medical record.

Inclusion criteria:

• Patients 18 years or older discharged from SDMC.

• LACE score between 8 to 15

• New or changes in medications

Exclusion criteria:

• Patients discharged to hospice, skilled nursing facility or inpatient transfers

• Hard-of-hearing, visually impaired, or not able or oriented

• Patients requiring language line assistance

Primary and Secondary Endpoints:

• Percentage of patient receiving VDC

• Percentage of patient satisfaction and understanding of the medication

• Average consultation times at bedside vs. VDC

• Average discharge processing time (DPT)

RESULTS

Figure 1: Four Phases of Project Development

Table 1: Baseline Characteristics

<table>
<thead>
<tr>
<th>VDC (n = 52)</th>
<th>Non-VDC (n = 109)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age (Years)</td>
<td>71</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>26 (53.8)</td>
</tr>
<tr>
<td>Female</td>
<td>24 (46.2)</td>
</tr>
<tr>
<td>Average number of new prescriptions</td>
<td>3.7</td>
</tr>
<tr>
<td>Average number of old prescriptions</td>
<td>10.2</td>
</tr>
<tr>
<td>LACE Score</td>
<td>11.5</td>
</tr>
</tbody>
</table>

CONCLUSIONS

• Utilization of VDC improved efficiency of discharges and transitions of care. It provided satisfactory patient care, while upholding patient’s understanding of the medications.

– Average VDC was 10 minutes vs. average bedside consultation was 23 minutes, an average of 13 minutes saved per consultation.

– Based on the survey responses (n = 34), 100% of patients responded “most satisfied with the pharmacy service” and (n = 33) 97% of the patients said they “understood their discharge medications very well.”

– Future studies needed to analyze the impact of VDC on reducing readmission rates.

REFERENCES


