

# WellTransitions<sup>®</sup>

## Reducing Preventable Readmissions

**Duane Hanson**

Vice President - Strategic Accounts  
Health Systems

**Ed Cohen, PharmD, FAPhA**

Senior Director – Clinical Solutions

Collaborating with Community Pharmacies to Reduce Readmissions

October 10, 2013

Walgreens offers cost-effective care services delivered through:



Retail  
Pharmacies



Retail  
Clinics



Worksite  
Health  
Centers



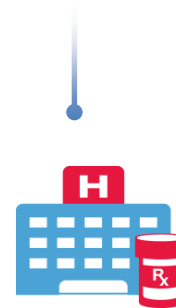
Alternate  
Treatment Sites  
/ Home  
Infusions



Pharmacy  
Centers of  
Excellence



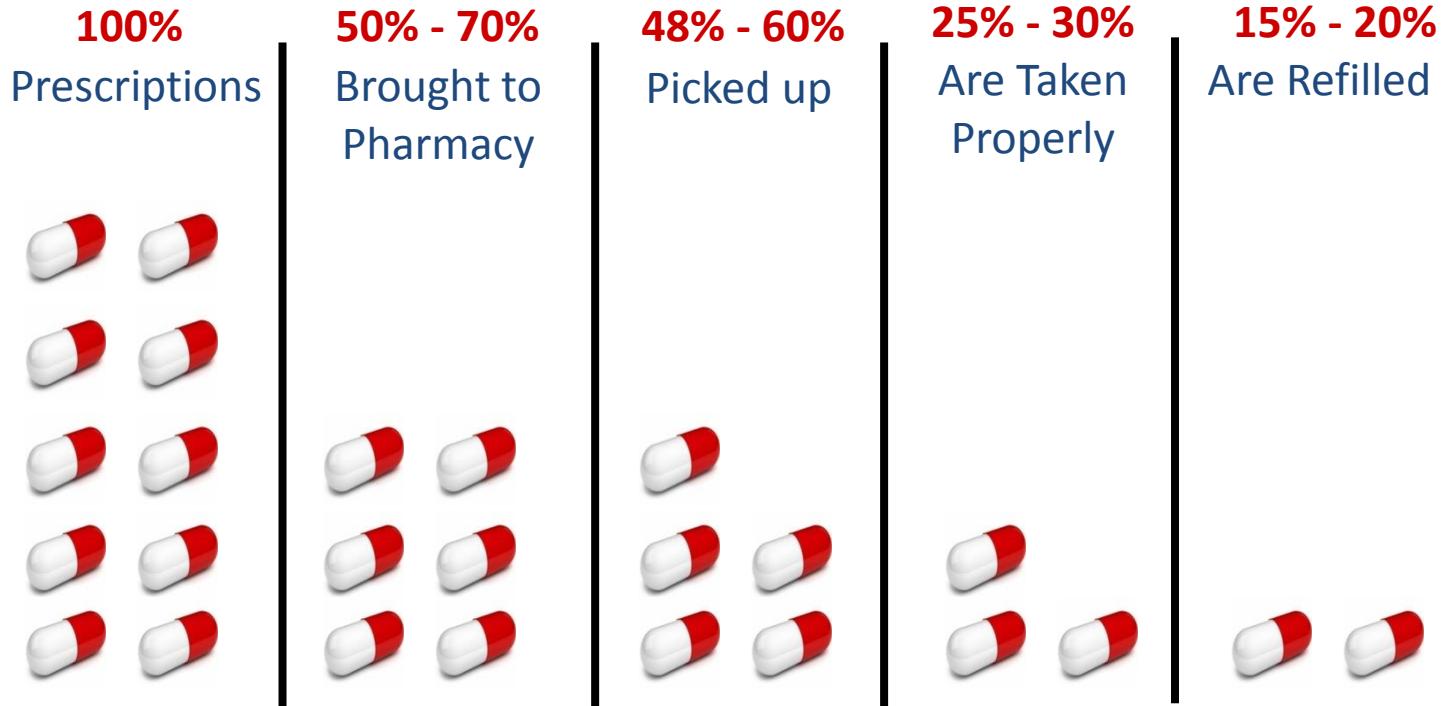
Specialty  
Pharmacies



Health System  
Pharmacies



# Non-adherence: nearly 1 in 3 patients don't fill



Source: IMS



# WellTransitions – Bridging the Gap, Coordinating Care

## Health System

Offered as part of patient care services  
If necessary, identifies and targets high risk patients  
Integrated into daily workflow  
Provides feedback and is an advocate of benefits

## Walgreens

Medication history provided at admission, medication review, alignment  
Ease of transition, follows patient in own environment, reviews medication instructions  
Documents any change in therapy, alerts health system and community provider to any issues

## Health Navigator Platform

Determines patient eligibility based on pre-select health criteria  
Collects and maintains data points (medical and pharmacy)  
Pushes tasks and communications based on role/responsibility and severity  
Integrates data points – EMR, ADT, alerts

## Community Health Providers

Integrated into care continuum with two-way communications  
Educated on health status of patient  
Enhances patient/provider relationship with full view of medication history



# Pharmacist Driven Program to Help Reduce Preventable Readmissions

## Redefining Role of Community Pharmacy

- Interventions utilizing evidence based guidelines
- Follow-up calls reinforce patient self-care, including medication education and ensuring compliance with PCP appointments
- Discharge Medication Lists allows pharmacist to review physician based care plan
- Complement to other intervention initiatives and activities
- Collaboration efforts with interdisciplinary healthcare teams



# Pharmacy Intervention and Proven Outcomes

## Critical role of pharmacists in reducing unplanned readmissions

- ***Reduction of 30-day post discharge hospital readmission or emergency department (ED) visit rates in high-risk elderly medical patients through delivery of a targeted care bundle.***

Journal of Hospital Medicine. 2009;4(4):211-218

- ***Implementation of an electronic system for medication reconciliation. American journal of health-system pharmacy***

AJHP : official journal of the American Society of Health-System Pharmacists. Feb 15 2007;64(4):404-422.

- ***Inpatient medication reconciliation at admission and discharge: A retrospective cohort study of age and other risk factors for medication discrepancies.***

The American Journal of Geriatric Pharmacotherapy. 2010;8(2):115-126.



# WellTransitions – Three Phased Approach

## Hospital Treatment

- Interventions 1-4
- Patient identified, enrolled in program
- Generate medication history
- Fill, alignment and reconciliation of discharge medications
- Bedside delivery of medication and patient consultation

## Post-discharge Care

- Interventions 5-7
- Pharmacist education follow up initiated 48-72 hours after discharge
- Pharmacist clinical therapy review approximately 10 days post-discharge
- Community integration provided by pharmacist at day 25 post-discharge

## Outcomes Reporting

- Final Intervention
- Comprehensive reporting capabilities
- Advanced data analytics
- Measure clinical outcomes and economic effectiveness
- Real-time access through secure web portal

Aligned with health system core measures

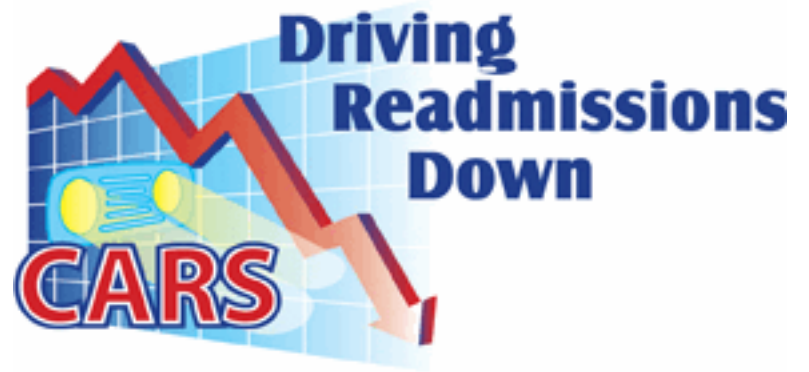
Focused on reducing preventable readmissions

Coordinated effort to drive HCAHPS scores

Coordinated care with community providers

Integrates data points – EMR, ADT, alerts





# WellTransitions<sup>®</sup>

Early-Model Outcomes



# DeKalb Medical – Early Phase Model Outcomes

- **3 hospital system in Metro Atlanta Region**
  - 407 beds, 22,000 discharges, 65,000 ED visits, 4.6 ALOS
  - 100 bed, 5,800 discharges, 58,000 ED visits, 4.18 ALOS
  - 40 bed LTACH
- **DPHO, mostly non-employed physicians**
- **Hospitalists – employed**
- **Major factors impacting hospital utilization trends**
  - Growing Uninsured populations
  - Health Care Reform PPACA Impact
  - Misalignment of financial incentives among healthcare providers
  - Fragmentation of health care delivery system



# Methodology

- **DeKalb Institutional Review Board (IRB):**
  - Expedited review
  - Waiver of documentation of consent and HIPAA
  - Approved on April 25, 2012 (DM Protocol #040512)
- **Study Design**
  - Retrospective cohort
  - Census of all discharges
- **Control populations**
  - Historic data (a type of retrospective cohort study)
  - Non-participating contemporaneous matches
    - a. North Decatur campus
    - b. Hillandale
- **30-day readmission calculation based on CMS SAS code, though**
  - Only 2-hospital system
  - Not limited to Medicare population
- **Multiple logistic regression, controlling for demographic and clinical variables**



# Key Findings & Study Limitations

- At both hospitals, readmission rates are trending higher,
  - Historic period (2010) versus current period (2011 – June 2012)
- Adjusting for gender, age, race, length of stay, month of discharge, and CMS condition, **all four control groups had greater likelihood of readmission (*adjusted OR = 1.6 – 2.1*) as compared to intervention cohort.**
- Not adjusted for comorbid conditions
- Lack of data about readmissions to other area hospitals
- Selection bias likely
- Not all criteria in the CMS code could be applied

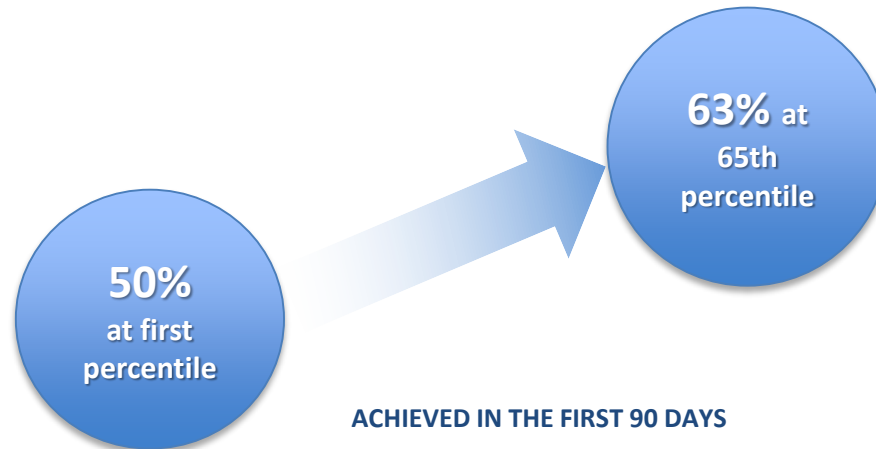


# HCAHPS Outcomes Study: DeKalb Medical Center Results

Patient Satisfaction (HCAHPS Scores) was a significant driver of the decision to implement WellTransitions/bedside delivery.

**26% relative increase** in HCAHPS domain score

Dramatic improvement in HCAHPS “Communication about medicines” domain scores<sup>1</sup>



From the first percentile to the 65th percentile.

Walgreens is now seen as another department within the hospital system—  
NOT a vendor.



# HCAHPS Outcomes Study: DeKalb Medical Center Results

## Feedback:

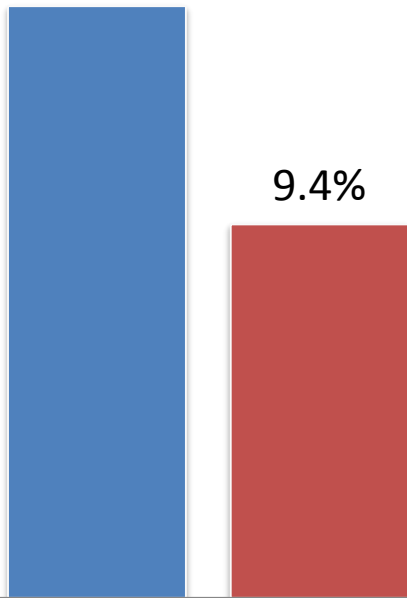
“Nursing staff love the constant interaction (pharmacist/technician explaining the medications, involvement in throughput huddles, discharge calls, etc).”

Walgreens is now seen as another department within the hospital system—  
NOT a vendor.



# Initial Program Results: January – June 2013

- Eligible Not Enrolled  
14.9%
- Eligible Engaged  
9.4%



Jan - June 2013

## Initial Results - Unadjusted

- WellTransitions patients who received at least one telephone call had a 5.5% lower unadjusted readmission rate, relative to patients who were eligible for but not enrolled in WellTransitions
  - Formal research study is planned to systematically evaluate the program's effect on hospital readmissions rates

## Readmissions Rates

- Absolute decrease in readmission rate: - 5.5%
- Relative decrease in readmission rate: - 37%

## Projected Cost Savings

- CMS published cost of averted readmission: \$9,600 <sup>(1)</sup>



# Result Descriptions

## Eligible, Not Enrolled

- Patients that met the eligibility criteria and determined eligible for the program but were not enrolled due to factors such as short stay (less than 12 hours)

## Engaged

- WellTransitions patients enrolled in the program and completed at least one clinical call intervention

## Readmissions

- Patients who was discharged from a previous hospital stay and were hospitalized again within 30 days
- Rates reported are only for WellTransitions hospitals
- Not reported are any patients readmitted to a different hospital or acute care facility

## Unadjusted Rates

- Results provided do not take into account factors such as severity of patient's health condition, demographics, other factors that makes comparisons fair and meaningful, especially for hospitals that treat sicker patients



**Questions?**

**Thank you!**

**Duane Hanson**

Vice President - Strategic Accounts  
Health Systems

**Ed Cohen, PharmD, FAPhA**

Senior Director – Clinical Solutions

