



COMMUNITY PHARMACY FOUNDATION
COMPLETED GRANT SYNOPSIS

TransitionRx: Impact of a Community Pharmacy Post-Discharge Medication Therapy Management Program on Hospital Readmission Rate

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Objectives	
To determine if a community pharmacy-based transition of care program 1.) decreased hospital readmissions, 2.) resolved medication-related problems, and 3.) increased patient satisfaction.	
Methods	
Design	<ul style="list-style-type: none"> • Prospective, quasi-experimental study. • Patients greater than 18 years of age and discharged home from two local hospitals with a diagnosis of heart failure, COPD, or pneumonia were recruited for the study. • Patients were referred to the community pharmacy for Medication Therapy Management (MTM) services with the pharmacist within one week of discharge. • Nurse case managers transferred discharge information to the community pharmacist. • Pharmacists reconciled the patients’ medications, identified drug therapy problems, recommended changes to therapy, and provided self-management education. • Additionally, pharmacists provided a follow-up telephone call approximately two weeks following discharge.
Study endpoints	<ul style="list-style-type: none"> • Readmission rates were collected at 30 days post-discharge via telephone surveys to patients and were compared between patients who received the intervention from the pharmacist with patients who received usual care. • Medication-related problems were documented by the pharmacist and categorized according to type. • Patient satisfaction was assessed with a previously validated tool, The Care Transition Measure (CTM-15).
Results	
<ul style="list-style-type: none"> • Ninety patients completed the entire study period. • Twenty percent of patients in the usual care group were admitted to the hospital within 30 days compared to 6.9 percent in the intervention group (p=0.019). • In the 30 patients who received MTM services from the pharmacist, 210 interventions were made. • The overall mean patient satisfaction with the transition of care process was not significantly different between patients who were seen by the pharmacist and those who were not. 	
Conclusion	
Community pharmacies successfully collaborated with hospitals to develop a referral process for transition of care interventions. Patients who received Medication Therapy Management services from the pharmacist experienced significantly fewer readmissions than patients who received usual care. This project demonstrates the importance of utilizing community pharmacists to improve the quality of care as patients transition from the hospital to the home.	

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