

# Ambulatory Pharmacy Transitional Care Program Reduces Readmissions, Delivers Penalty Savings and Boosts Revenue

## CHALLENGE

- Pharmacy executives wanted to extend the health system's continuum of care, reduce readmissions and create a new revenue source.

## SOLUTION

- Hospital leadership hired AmerisourceBergen's Pharmacy Healthcare Solutions (PHS) experts to plan, implement and manage a new ambulatory pharmacy. PHS also guided the successful implementation of a transitional-care concierge meds program to address readmissions through increased medication adherence and capture discharge prescriptions.

## OUTCOME

- Reduced readmissions by 2.1 percent (absolute reduction) / 13.9 percent (relative reduction) among concierge meds intervention program participants
  - 85 fewer projected patient readmissions
  - Estimated readmission penalty savings of \$950,000
- Successfully implemented ambulatory pharmacy to capture 3,800 scripts/month
- Ambulatory pharmacy fills continuum of care gap and improves patient outcomes

Kaweah Delta Health Care District (Kaweah Delta) is a 581-bed, non-profit teaching and provider entity.

It has eight campuses across California's Tulare County that include hospitals and clinics. Today, Kaweah's ninety Pharmacy employees provide distributive and clinical pharmacy services to in- and out-patient populations.



## CHALLENGE

### Reducing Readmissions while Increasing Script Capture



Kaweah Delta's executives sought to reduce their readmission rate to protect reimbursement revenue, and improve patient outcomes. "We chose to implement an ambulatory pharmacy as a strategy to promote adherence among our discharge patients," said James McNulty, Director of Pharmacy Services for Kaweah Delta Health Care District.

More specifically, McNulty wanted to implement a concierge meds program, to make it easy for discharging patients to go home with their required prescriptions. "This was important to us not only to provide a continuum of care, but also to reduce leakage."

The problem was, "We didn't have the in-house expertise or experience to implement an ambulatory pharmacy," recalled McNulty. "Nor did we have robust tools to help us identify and target at-risk patients who would benefit most from our adherence and intervention measures."

## SOLUTION

### AmerisourceBergen Pharmacy Healthcare Solutions (PHS)

“We chose PHS because of their experience in opening and running an ambulatory pharmacy,” explained McNulty. “We liked that they could provide both strategic and tactical guidance to tailor the pharmacy to meet our system’s needs. We also liked that they could help us implement a transitional care intervention program.”

PHS specialists worked with Kaweah Delta stakeholders to plan and implement the rollout of an ambulatory pharmacy. “PHS project managed the entire thing,” said McNulty. “From creating the project plan to fit our business model, to involving stakeholders, to revising workflows, to filing documentation—PHS drove the entire process resulting in a certified, operational ambulatory pharmacy.”

PHS project experts also worked with McNulty’s team to tailor and implement a concierge medication program, dubbed, “Meds-to-Beds.” The engagement included consulting to avoid preventable 30-day readmission penalties. “The program helps us promote adherence among our discharges as well as capture scripts that were leaking previously.”

“Not only did PHS deliver on getting our ambulatory pharmacy up and running, but their expertise was essential to achieving the performance we have. We’ve lowered readmissions, reduced our risk of readmission penalties and added a lucrative revenue stream.”

**James McNulty, Pharm. D.**  
Director of Pharmacy Services  
Kaweah Delta Health Care District

In order to optimize the Meds-to-Beds program, and to lower readmissions, McNulty required insight into the health system’s patient populations. To achieve that end, PHS recommended a strategic partner—Loopback Analytics. They implemented three application modules: the Meds-to-Beds Workflow Module, the Meds-to-Beds Program Management Module, and the Readmission Analytics Module.

The Meds-to-Beds Module optimizes the ambulatory pharmacy’s concierge program by identifying and focusing its workflow on high-risk and high-value patients.



Its risk-stratification logic allows McNulty’s team to integrate inpatient EMR data with Loopback in real time, to aggregate it and to run it through analytics to create an at-risk readmission list. These patients are then targeted for priority engagement protocols of the Meds-to-Beds program.

To measure the effectiveness of the Meds-to-Beds intervention, McNulty’s team uses the Loopback Readmission Analytics Module. The Module uses “like-for-like” methodology to identify nearest statistical “neighbors” to the intervention program participants. Then it compares participant and control group 30-day readmission rates to calculate the difference.

To grow the concierge Meds-to-Beds program, PHS trained McNulty’s team to educate users and promote it among the system’s 2,500 nurses. “Our ultimate goal is to ensure that at-risk patients leave the hospital with required meds, and continue to use them appropriately thereafter,” said McNulty.

## OUTCOME

### Lower Readmission Rate, Measureable Cost Savings, From 0 to 3,800/Month Script Capture

The PHS-led implementation of Kaweah Delta’s ambulatory pharmacy, Meds-to-Beds program and Loopback Analytics Modules delivered measureable results.

#### **Reduced Readmission Rate**

McNulty’s team used Loopback’s Readmission Module to compare the readmission rate among patients (3,993) engaged in the Meds-to-Beds intervention program versus a comparator control group of statistical neighbors, internally referred to as “twins,” (11,432) over a one year period starting in September 2017. “Our analyses revealed a relative readmission reduction of 13.9% compared to

## Program Readmissions Analysis

Unit

Program

Discharge Date

Est. Cost of Readmission

All

All

9/1/2017

8/31/2018

\$11,200

**3,994**

Program Stays

**-2.1%**

Absolute Readmission Reduction

**-13.9%**

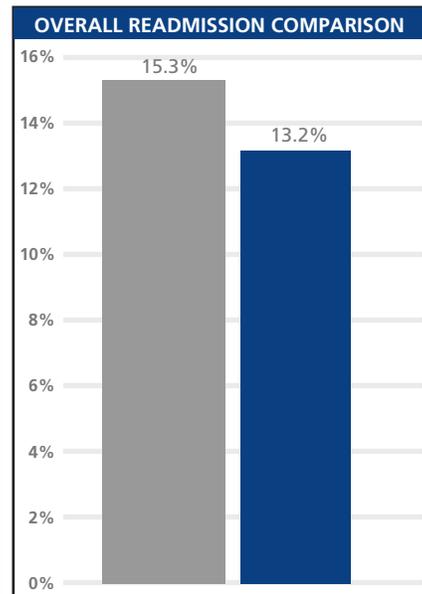
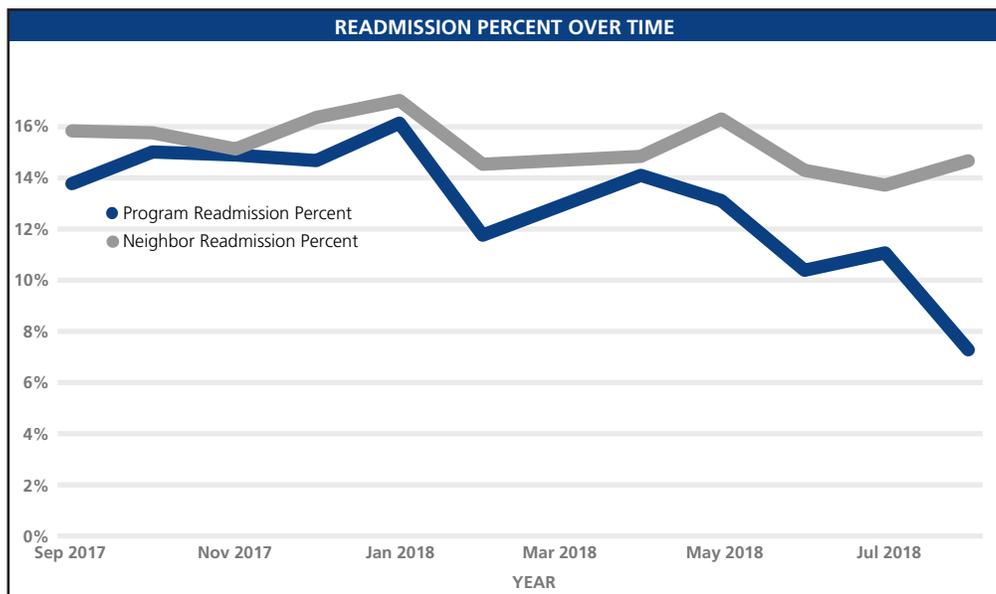
Relative Readmission Reduction

**85.0**

Estimated Saved Readmissions

**\$952.42K**

Savings From Readmissions



our baseline, with an absolute readmission reduction of the intervention group by 2.1 percent since September of 2017," said McNulty. "That translates into an estimated readmissions saved of 85 patients, along with an associated projected readmission cost savings of \$950,000, assuming an estimated cost of a readmission to be \$11.2K."

### Boosted Prescription Capture

PHS specialists delivered expertise and training that helped McNulty's team implement a growing Meds-to-Beds concierge program. In less than two years from the opening of the ambulatory pharmacy, McNulty's team went from zero prescriptions captured/month to 3,800. "Our Meds-to-Beds program accounts for about 50 percent of these with the rest coming from community, medical office building and clinic traffic."

McNulty's team uses Loopback Analytics tools to create granular reports for script capture metrics. "We know how many scripts came from the Meds-to-Beds program, how many were filled, how many e-scripts left our pharmacy, and which nursing units are utilizing us. Not only does that information give us business intelligence to improve our capture rate, but the nursing benchmark performance data helps us get buy in from underperforming groups."

#### Pharmacy Healthcare Solutions

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### What's Next?

Subsequent to the implementation, McNulty's team has begun piloting the Loopback Specialty Market Share & Leakage Analytics Module. "Our dual goals are to boost specialty market share and reduce leakage in that area," explained McNulty.

The Module will give McNulty granular visibility into partner provider activity. He'll be able to generate reports that identify which physicians at what facilities are writing particular specialty scripts.

"From that data we can identify revenue opportunities as well as target high-priority specialty meds to fulfill."

For more information about Pharmacy Healthcare Solutions and strategies to lower readmissions, contact us at 877-892-1254, email [solutions@amerisourcebergen.com](mailto:solutions@amerisourcebergen.com) or visit [www.pharmhs.com](http://www.pharmhs.com).

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