Program Feedback

Initial Patients reported the DC Program team actively engages and educates while concurrently managing medications.

- Provides and medical assistance appreciated for being informed of patient hospitalization and additional pharmacist feedback regarding patient medication regimen.

- Communication is very responsive to requests to deactivate prescriptions for medications discontinued during patient hospital stays.

Hospital Chronic Disease Coordination (CDC) Team Perceptions

- Due to positive patient experience, the hospital has extended the DC Program beyond the pilot period, until 2019.

- CDC benefited from increased communication and continuity with outside providers.

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FUTURE PROGRAM EXPANSION & EVALUATION

- Future Program expansion is inevitable to prepare for ongoing changes.

- Organizations must prepare now to initiate service similar to the DC Program to ensure that medication reconciliation post-discharge will be a 2018 Medicare-star rating for the 2015 Centers for Medicare and Medicaid Services Call Letters. Health plans’ 2015 star rating will be based on 2014 data.

- System interoperability and access to HIE or EHRs will continue expanding to facilitate communication for transitions of care, ultimately leading to better patient care and outcomes.

- TOC services post-discharge are an important element, yet more comprehensive, ongoing cooperation is needed to prevent or lessen readmissions that may be supported by chronic care management (CCM) service codes.

- CCM codes ensure an opportunity for service sustainability to enhance care coordination and address potential transfer issues before they become more costly.

- Future Program analysis is warranted to evaluate the effectiveness of medication therapy management (MTM) services in preventing hospital readmissions for high-risk patients at Stowy, and patients’ total healthcare expenditures thereafter and after receiving MTM services.

REFERENCES


