

Reducing 30-Day Readmission Rates For Indigent Patients at SBH Using the 340B Drug Pricing Program



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Aim

1. Increase access to medications in the uninsured while decreasing costs to SBH for indigent patient prescriptions by 30% over a 12 month time period from Jan 2015 to Dec 2015.
2. Achieve a 10% reduction in all cause 30-day readmission rates for indigent patients with prescription costs billed to SBH over a 12 month time period from Jan 2015 to Dec 2015.

Background

Barriers to medication access contribute to 30-day readmissions due to non-compliance. Lack of access to medications in our indigent patients was resulting in high 30-day readmission rates in these patients.

SBH is deemed a safety net hospital and thus receives 340B pricing for outpatient medications. This reduced pricing is extended to patients at the time of discharge. Indigent patients receive a discount card for use at community pharmacies contracted with SBH.

However, it was identified that there was not a written policy for patient eligibility, medications covered, or process for approval of SBH to assist with the cost of medications at discharge for indigent patients. Lack of clear delineation of roles, communication across disciplines, and knowledge of the 340B Drug Program existed with no systemized record keeping for approval of medication costs.

Plan

Plan based on the PDSA from the IHI (See Figure 1). Implement written policy for determining patient eligibility for the 340B discount card, approval of the hospital to cover the cost of discharge medications, and medications eligible for coverage. Establish documentation in the EMR that a 340B card was given to the patient to improve interdisciplinary communication. Initiate systemized record keeping of patients paid for by SBH and communication across departments for medication costs per month. Increase compliance with HRSA by illustrating an indigent patient program for medication access. Decreased readmission rates for indigent patients because of an improved process for medication access.

Figure 1: IHI PDSA Cycle



Do

Held multiple interdisciplinary work group meetings to discuss current practice and gaps in care. Worked together to define roles and improve communication (TOC, Medicine, Credit, Information Services, Pharmacy). Implemented administrative policy to establish standard criteria for

eligible patients, prescriptions, medications, and approval for medication costs to be covered by SBH. Integrated the 340B card into the EMR by IS (See Figure 2). Established reporting mechanism for approvals of prescriptions paid for by SBH on a monthly basis to the Readmission Committee. Completed educational sessions for the Credit, TOC, and Clinical Departments on processes and policy.

Figure 2: 340B Card in the EMR



Study

Through improving the process for medication access in our uninsured patients an increased number of patients had access to medications with less cost to the institution (See Table 1; Figure 3, 4, and 5). Post-intervention uninsured patients with medication costs covered by SBH exceeded the goal of a 10% reduction in 30-day readmission rates (See Figure 6).

Table 1: Comparison of Pre- and Post-Intervention

	2014	2015
Total prescription costs (\$)	\$6,358.84	\$2,691.25
Total number of prescriptions (#)	188	213
Total number of patients (#)	42	46
Average total cost per month (\$)	\$529.90	\$212.18
Average cost per prescription (\$)	\$33.82	\$12.63
Average cost per patient (\$)	\$151.40	\$58.51

Figure 3: Prescriptions Paid by SBH for Indigent Patients

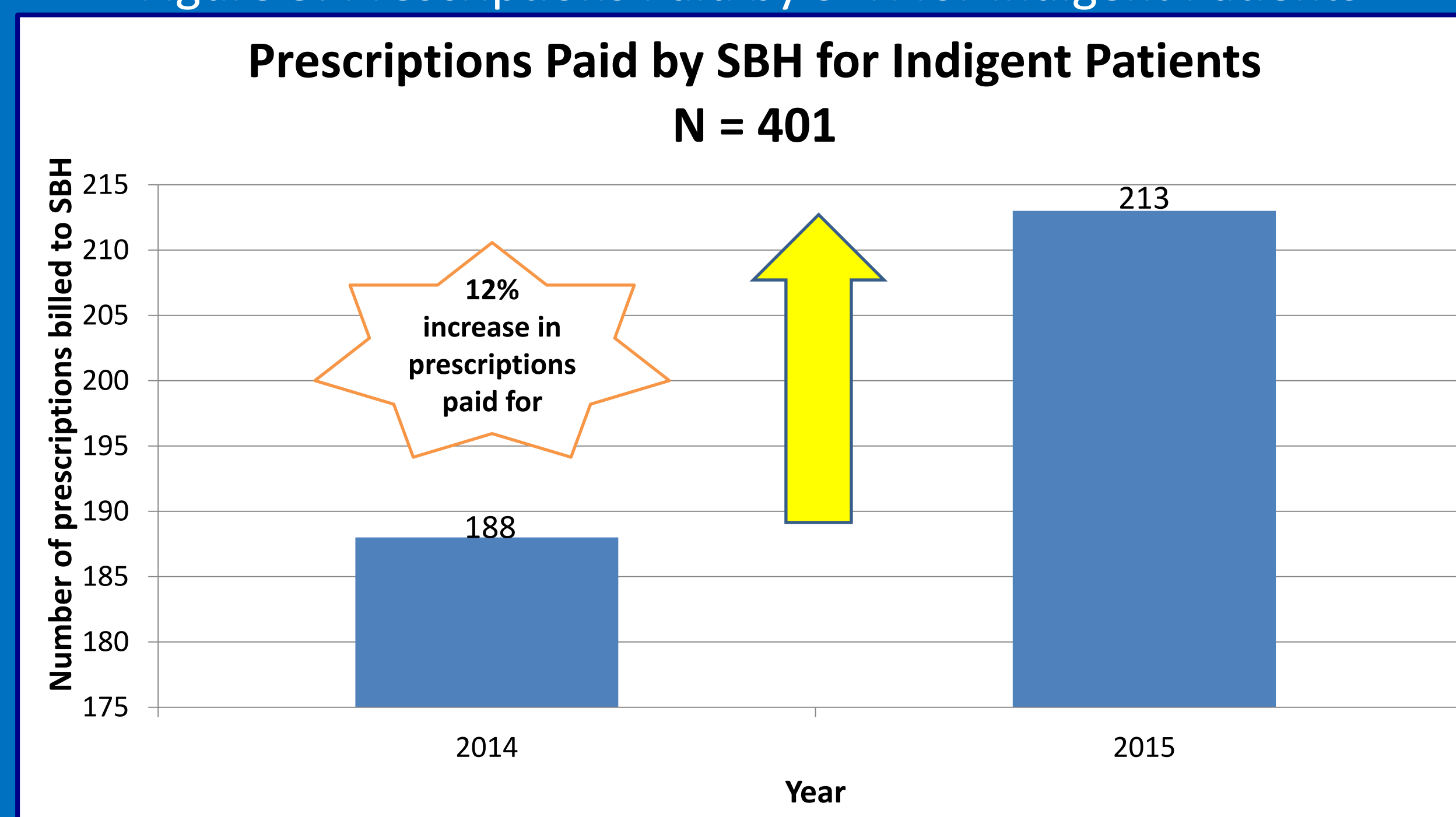


Figure 4: Reduction in Uninsured Prescription Costs to SBH

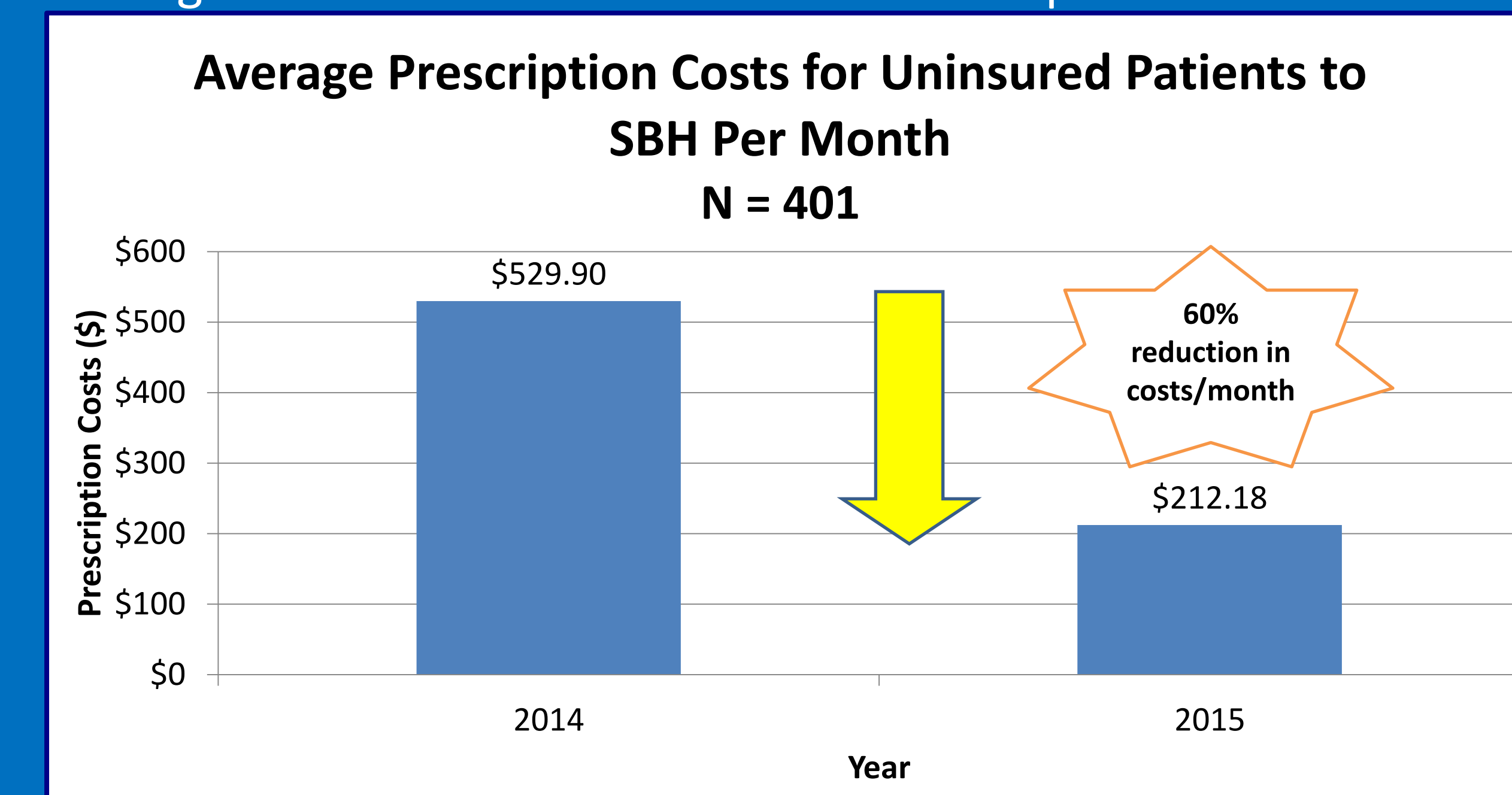


Figure 5: Decrease in Prescription Costs Post-Intervention

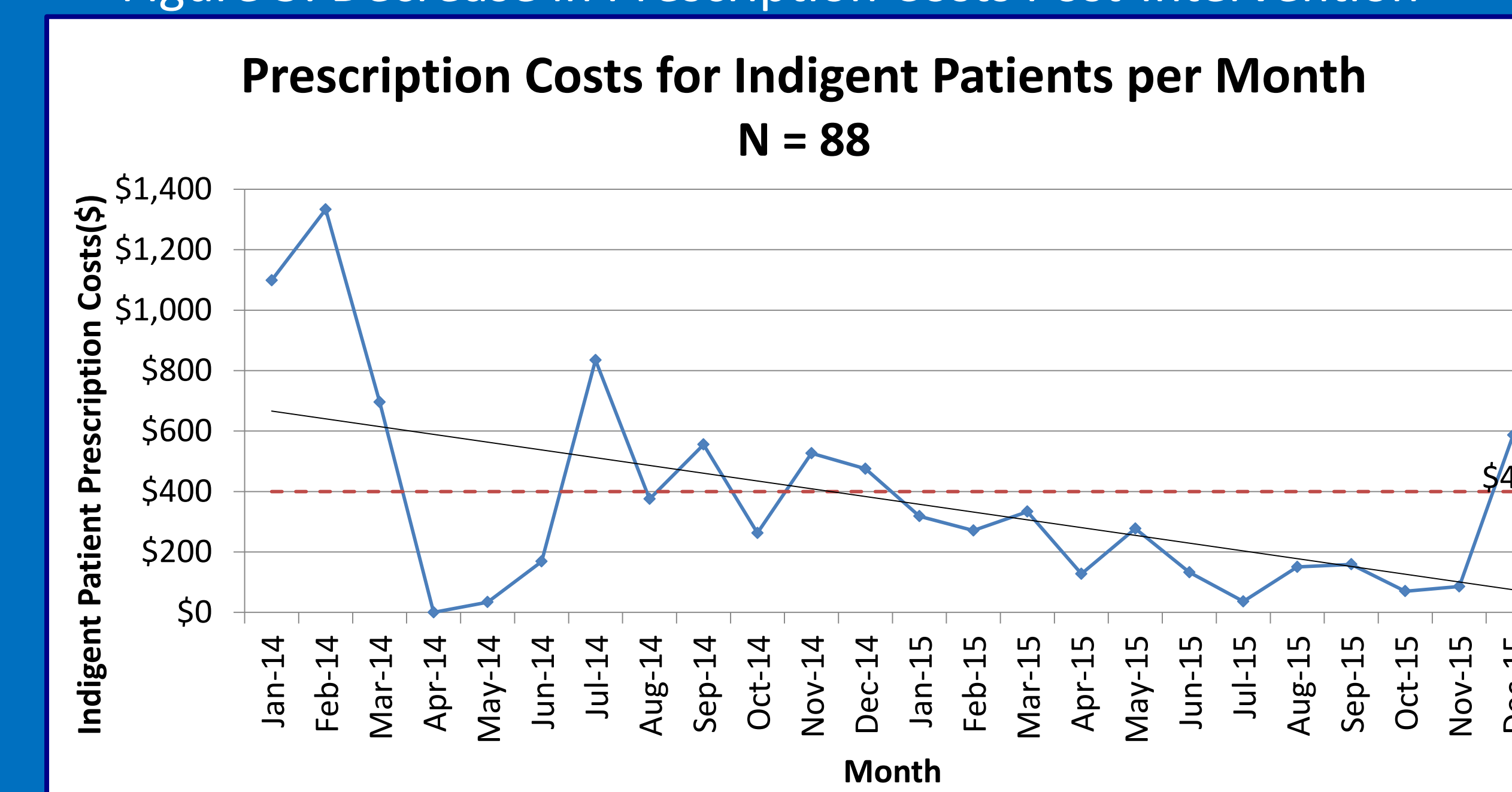
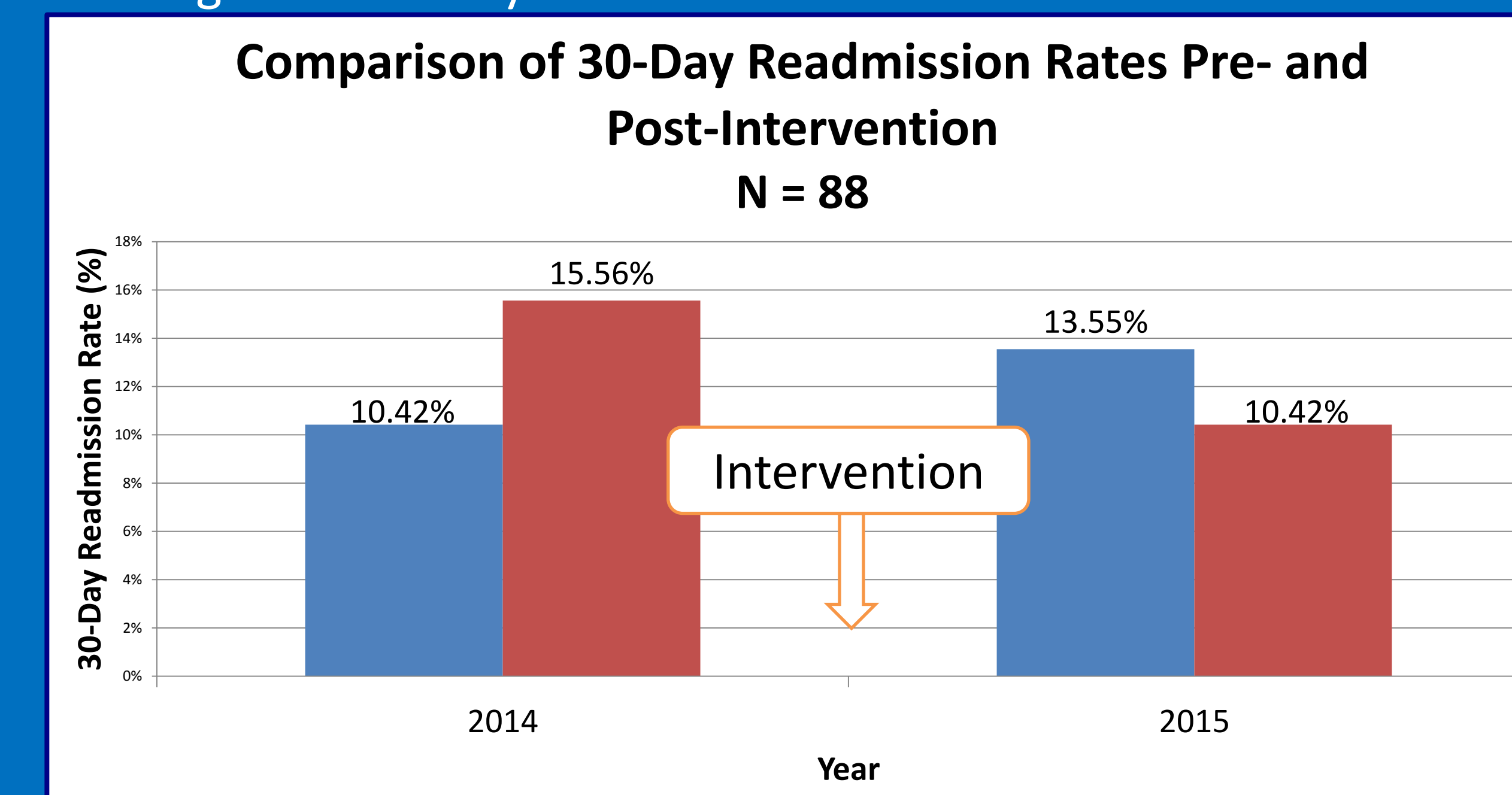


Figure 6: 30-Day Readmission Rate Reduction in 2015



Act

There was a 60% reduction in prescription costs to SBH and a 23% reduction in 30-day readmission rates for uninsured patients over a 12 month period. The initial goal was exceeded and continued PDSA cycles are anticipated to expand this program.

References: 1. Plan-Do-Study-Act (PDSA) Worksheet. Institute for Health Improvement. C. 2016. Available from: <http://www.ihl.org/resources/pages/tools/plandostudyactworksheet.aspx> 2. 340B Drug Pricing Program. Health Resources and Services Administration. US Dept of Health and Human Services. Available from: <http://www.hrsa.gov/opa/programrequirements/index.html>