Reducing Medication-Related Admissions for Psychiatric Disorders

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Learning Objectives

At the conclusion of the presentation, the audience member will be able to

- Describe the burden of medication-related admissions for psychiatric disorders
- Formulate a strategy for providing psychiatric pharmacy services for the purpose of reducing medication-related readmissions
Burden of Psychiatric Medication-Related Admissions

- Psychiatric relapse is associated with a 2- to 5-fold increase in health care costs
- Mental/behavioral disorders account for 19.4% of Medicaid readmissions
- Nearly 90,000 emergency department (ED) visits annually are due to adverse effects from psychiatric medication
  - Almost 20% of these ED visits result in a hospital admission

Medication nonadherence results in $100 billion in yearly costs related to hospitalizations alone.

Patients with psychiatric disorders have some of the highest rates of medication nonadherence, ranging from 34-74%.

Medical Readmissions and Psychiatric Disorders

- Readmissions for heart failure, acute myocardial infarction and pneumonia are 5% greater when a patient has a psychiatric comorbidity.
- Higher likelihood of readmission for heart failure and pneumonia when a patient has a substance use and/or bipolar disorder.
- A diagnosis of schizophrenia, depression, anxiety, and/or a neurocognitive disorder is associated with more medicine-related readmissions.

Steps for Developing a Service Targeting Readmissions

1. Identify Factors Leading to Readmission
2. Develop a Psychiatric Pharmacy Service and Determine Outcomes to Measure
3. Evaluate Outcomes and Share Results
Factors Leading to Readmissions

- Lack of engagement in post-discharge care
- Medication nonadherence
- Substance use disorder comorbidities
- Increased number of psychiatric medications prescribed in the outpatient setting

***Also important to be aware of factors that may not lead to hospital readmissions***

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Example: Development of Services and Outcomes

- **Service:** Patient medication education group (PMEG) targeting specific factors leading to medication nonadherence
  - Adverse effects and appropriate actions to take if these occur
  - Importance of adherence
  - Techniques to aid in remembering to take medication
  - Effective communication with providers

- **Outcomes measured:** Readmissions and patient attitudes/beliefs

Scores on Rating Scales

- Patient Health Questionnaire (PHQ-9) score predicts cardiac-related rehospitalization in patients with initial cardiac-related hospitalizations.
- Each point on the PHQ-9 associated with a 9% greater likelihood of 6 month cardiac-related readmission.

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Outcomes: Reducing Medication-Related Admissions

- Medication evaluation and management including education resulted in a clinically significant improvement in PHQ-9 score.

- Collaboration with a primary care physician including medication management and education resulted in a decrease in symptoms of depression and anxiety as measured by the Hamilton Depression Rating Scale (HAM-D) and the Hamilton Anxiety Rating Scale (HAM-A).

Outcomes: Reducing Medication-Related Admissions

- Filled prescriptions and medication education provided to patients at discharge resulted in a decrease in 30-day readmission rates.
- Provision of PMEG reduced readmissions related to medication nonadherence
  - Percentage of patients readmitted due to nonadherence: 39% vs. 68% (p=0.03)
  - Time to readmission: 94 days vs. 61 days (p=0.07)

Value of Psychiatric Pharmacists

- Specialized training in psychiatric and neurologic disorders
  - Board certification in Psychiatric Pharmacy (BCPP) indicates a pharmacist has both the knowledge and experience to work specifically with patients with psychiatric disorders
- Qualified to provide services to patients with both psychiatric disorders and other general medical conditions
- Can partner with primary care physicians and generalist pharmacists to provide care for patients with complex comorbidities

Future Directions

- Ensure every patient with a psychiatric and/or neurologic disorder has a psychiatric pharmacist on his or her healthcare team
- Advocate for increased mental health funding
- Reduce stigma
- Improve collaboration between acute and ambulatory care settings (transitions of care)
- Increase psychiatric pharmacy services in primary care and medicine settings
Questions?