

A phone call from a pharmacist can reduce some hospital admissions

April 11 2014, by Valerie Debenedette



Having a pharmacist call patients at home to go over their medications can identify many medication-based problems. However, a new study in *Health Services Research* found that pharmacist-patient telephone consultations only appear to reduce hospitalizations in patients who are least at risk.

"It is a little counterintuitive that those who were healthiest benefited most and those who were the sickest didn't," said Alan Zillich, Pharm.D., associate professor of pharmacy practice at Purdue College of Pharmacy in Indianapolis and lead author on the study.

Providing medication management via phone calls from pharmacists to

patients is one strategy being used to reduce medication errors, adverse reactions and drug interactions, all of which contribute to costly hospitalizations and harm to patients. The cost of medication-related illness and death in the United States was estimated to be more than \$290 billion in 2009.

For the study, nearly 900 home health Medicare patients were randomized to receive either medication therapy management services, including an initial call from a pharmacy technician, a phone consultation with a pharmacist, and follow-up [phone calls](#) or no pharmacist medication management services.

There was no significant difference between the two groups in the probability of being hospitalized within 60 days. However, when the patients were analyzed by the severity of their conditions, patients in the lowest risk quartile were three times as likely to remain out of the hospital as high [risk patients](#).

The patients who were in the lowest risk quartile were the ones who were most mobile and most functional, but were still pretty sick, noted Zillich. Medication therapy management by telephone worked for this group. Sicker patients may need a home visit by a pharmacist or some form of a face-to-face meeting to help resolve medications problems, he added.

The telephone consultations between the 415 patients and pharmacists in the study group revealed 460 medication-related problems, including [drug interactions](#), inappropriate drug or dosage, or problems with adherence. Twenty-four percent of these problems needed the involvement of a physician to resolve. Ninety percent of these problems were resolved.

"It's positive that we have gotten some very insightful information on

what seems to work well in a certain segment of patients," said Anne Burns, R.Ph., vice president of professional affairs at the American Pharmacists Association in Washington, D.C. "For higher risk patients, further work is needed to determine the best [medication therapy](#) management delivery method or type of service," she added. Burns agreed with Zillich that some [patients](#) may do better with video conferencing or an in-person interaction with a pharmacist.

Burns also noted that the study found that physicians accepted the pharmacist's recommendations 80 percent of the time. "As we move to team-based care, this is an important consideration for effective medication [therapy management](#)."

More information: Zillich AJ, Snyder ME, Frail CK, et al.: "A randomized, controlled pragmatic trial of telephonic medication therapy management to reduce hospitalization in home health patients." *Health Services Research*. 2014.

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