

# Enhancing pharmacy services for patients does not impact health care utilization

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New research from Boston Medical Center found that enhancing pharmacy services for patients with high levels of health care utilization did not lead to reduced hospital admissions and emergency department

visits. Published in *JAMA Network Open*, researchers highlight that, compared with usual pharmacy care, more frequent screening for health-related social needs and patient navigation embedded in pharmacy care did not reduce health care utilization.

However, researchers called for more study into whether pharmacy interventions, including patient navigation and social determinant screening, would have a greater benefit to certain patients or in specific healthcare settings.

For the study, participants receiving [primary care](#) were assigned to receive interventions from pharmacy liaisons with training in motivational interviewing and patient navigation. The study showed no difference in inpatient hospital admissions and emergency department visits at 12 months, relative to patients who received usual care.

Patients in low-resource communities served by Medicaid Accountable Care Organizations struggle with a number of health-related social needs, such as [food insecurity](#), housing insecurity, and lack of transportation to medical appointments. Patients with unmet health-related social needs are at high risk for preventable healthcare use and high levels of medical expenditure and may prioritize social needs over medical care, which may lead to preventable utilization.

"Given that the majority of study participants identified as members of a racial or ethnic group bearing a disproportionate burden of inequities in health care, it is unsurprising that a health system–based intervention did not improve outcomes," said Pablo Buitron de la Vega, MD, MSc, general internist and preventive medicine physician at Boston Medical Center and assistant professor of medicine at Boston University Chobanian & Avedisian School of Medicine. "There needs to be interventions outside of the healthcare setting. Policies to reduce [income inequality](#) would be more likely to improve [health outcomes](#)."

The non-randomized clinical trial had 364 adult participants and was and was conducted between May 1, 2019 and March 4, 2021 with a one year follow-up. Researchers are not aware of prior trials that have embedded a health-related [social needs](#) screening-and-referral intervention or patient navigator in a pharmacy care program to reduce [health care](#) usage.

**More information:** Pablo Buitron de la Vega et al, A Pharmacy Liaison–Patient Navigation Intervention to Reduce Inpatient and Emergency Department Utilization Among Primary Care Patients in a Medicaid Accountable Care Organization, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2022.50004](https://doi.org/10.1001/jamanetworkopen.2022.50004)

Provided by Boston Medical Center

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