

The Pharmacist's Role in Transitions of Care for Heart Failure Patients

by Elisabeth Wygant, PharmD



Editor's Note: For information on references used in this article, contact Chris Linville at chris.linville@ncpanet.org.

BACKGROUND

The leading cause of hospitalizations in the U.S. for those 65 and older is heart failure. Approximately 5 million Americans are affected by heart failure, and more than 1 million are newly diagnosed on a yearly basis. Medicare spends approximately \$17 billion annually on newly diagnosed patients with heart failure, and a total of \$34.4 billion on direct and indirect costs. About one-fifth of the Medicare beneficiaries who are discharged after treatment for heart failure from the hospital are re-hospitalized within 30 days. Because of these alarming statistics, along with preventable causes for readmission, heart failure was included in the Centers for Medicare & Medicaid Services Hospital Readmissions Reduction Program (CMS HRRP). Readmission for heart failure is defined as any unplanned readmission within 30 days post-discharge of heart failure; planned readmission is not included. The readmission measure includes incidences with heart failure as the primary cause, a contributing factor, or any other readmission unrelated to heart failure occurring within the 30-day window following initial discharge.

A substantial portion of hospital readmissions are related to medication-related adverse events. Approximately 19 percent of patients who are discharged from the hospital experience an adverse event and of that, two-thirds are medication related. Adverse events as a result of medication non-adherence occur in one-third of patients readmitted to the hospital. For heart failure, medication non-adherence results in 20-64 percent of readmission cases.

PHARMACISTS' ROLE IN PREVENTION OF READMISSION

As health care providers, pharmacists are the front line of care for many patients, especially in regard to their medications. There are several documented studies that describe the vital role pharmacists play in the care of patients with heart failure. The most extensively researched setting involving a pharmacist's role with heart failure patients is in the community. For example, two randomized controlled studies, Varma et al. and Gattis et al., focused on outpatient clinical services in the community setting. The study purpose for both was to show the benefits of a pharmacist-patient interaction on a patient's outcomes. The interaction included education on heart failure, its medications, symptom management, physician recommendations, and a guide for patient follow-up.

In Varma's study, patients had an improved exercise capacity, better compliance with drug therapy, and fewer hospital readmissions. In Gattis's study, there was a reduction of clinical events, hospitalizations, and rates of death. These studies underscore the necessity of pharmacists' involvement to improve medication adherence and reduce hospital readmissions for this patient population. Pharmacists who are actively engaged in efforts such as medication reconciliation, patient education, and collaborative medication management will help to reduce readmissions while improving their patients' outcomes.

When discussing transitional care, the community pharmacist can be the patient's liaison to communicate with other health care professionals and provide thorough management of the patient's heart failure. The pharmacist responsible for transitional care should always recall that the activities described previously

should be conducted with and for the patient. In other words, they should be patient-centered. By delving into appropriate counseling sessions with the patient it will improve their medication adherence and consequently improve their quality-of-life and reduce their risk of hospital readmission.

Upon discharge, all heart failure patients will be educated on weight management and the importance of daily weight monitoring. This is where you, the community pharmacist, can be instrumental in assuring the patient understands these instructions, has an accurate and readable scale at home to monitor any fluctuations in weight, and understands the importance of reporting these fluctuations. As the pharmacist, you should also consider other comorbid conditions your patient may have that may affect their new lifestyle goals and changes. It is important to also consider immunizations for this patient population in order to maintain their health. The two most important vaccinations are the influenza and pneumococcal vaccines. Finally, nonpharmacological measures should always be taken into consideration, especially for those with heart failure. These include smoking cessation, salt restriction, alcohol restriction, and maintaining appropriate fluid intake to improve recovery.

CONCLUSION

Pharmacists are essential when discussing the impact of patient care within the care transition team; this is especially true when considering the community pharmacist's role

with a heart failure patient. Three major areas pharmacists can help in transitions of care involves thorough medication reconciliation, patient education, and medication management between the patient's health care providers. There are many avenues that a community pharmacist can travel when counseling a patient on heart failure and its intricacies. For example, this might include assessing comorbid conditions, immunizations, and diet limitations. By providing these consultations for the heart failure patient population, it will aid in reducing hospital readmission rates and, most importantly, provide an enhanced quality of life for these patients. ■

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Editor's Note: This is the second of a series of six articles that will be published in America's Pharmacist covering various health issues surrounding transitions of care when patients are discharged from hospitals, and how community pharmacists can help ease the transition and play a key role in avoiding costly readmissions to hospitals. Access NCPA's Transitions of Care toolkit at www.ncpanet.org/toc.