PEOPLES HEALTH

Reducing Readmission Rates Through Post-Discharge Medication Reconciliation

Why is post-discharge medication reconciliation important?

Medication reconciliation within seven days of discharge helps verify that medication dosages are still correct and that there are no medication duplications, especially if a patient was prescribed a new medication during the stay. Post-discharge medication reconciliation also supports patient safety by preventing potentially harmful drug interactions or overdoses, and helps decrease the potential for an unnecessary readmission due to medication errors.

Based on historical data, 64% of readmissions of Peoples Health patients occur during days 1 to 15 and 35% occur during days 1 to 7. Medication reconciliation as part of a seven-day follow-up visit significantly reduces the chance of a readmission:

Seven-Day Follow-Up Visit	Readmission Rate
With medication reconciliation	**13%**
Without medication reconciliation	26%

For more information on the benefits and importance of documenting post-discharge medication reconciliations, we can schedule time for you to speak with one of our medical directors. Ask your provider relations representative for assistance**. This includes if you need help setting up the capability to submit the associated CPT-II code.**

As a primary care physician, you play an important role in helping your patients avoid a readmission through your medication reconciliation efforts during a post-discharge follow-up visit within seven days of a patient's discharge.

Steps to Take

1. **Review** hospitalized patients in Member Viewer through the Provider Portal. Select **Daily Census** from the Criteria drop-down menu to see patients currently hospitalized and recently discharged from inpatient care. Additionally, we fax you a daily census of your hospitalized patients. A patient stays on the census for three days after discharge.
2. **Schedule and complete** a follow-up visit within the first seven days of a patient's discharge from an inpatient hospital stay. Remind the patient to bring all current medications and those given at the time of discharge.
3. **Conduct** a medication reconciliation during that visit. The medication reconciliation requires a comparison of the patient's outpatient medications prior to admission to the patient's medications upon discharge.
4. **Reconcile** the medications and document the details to create an updated medication list for your records and for the patient to take home, to include the:
    a. Date of the reconciliation
    b. Listing of all pre-hospitalization medications and hospital discharge medications and the status of each (e.g., discontinue, continue, change dose)
5. **Use** the CPT-II code 1111F (discharge medications reconciled with the current medication list in outpatient medical record) to document the reconciliation on the claim for the visit.

For More Information:

Reach out to your provider relations representative.