Pharmacy Automation and Technology

Bringing Home Participatory Health Care

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Following another hospital stay, we have new observations on what it means to address patient needs. Some efforts are founded in technology, while others focus on the process of care. As a member of the broader care team, pharmacy should be aware of and engaged in institutional efforts focused on the patient experience.

In the April 2015 column, we described Bill's experiences as a patient undergoing replacement of a calcified, bicuspid, aortic valve. Those experiences were not quite as smooth as hoped, but they did provide the opportunity for interesting takeaways related to the expanding role of hospital pharmacies in patient care. This month, we are drawing from another hospital stay (in Brent's family) to identify several takeaways related to health information technology (HIT) that are important to pharmacists. Being in the hospital on the patient end of the experience provides a different perspective. These takeaways are not necessarily pharmacy-specific, but the entire care team should be involved in institution-wide efforts to provide patient-focused care. Our hope is that you will be able to actively contribute to planning – both tactical and strategic – as it relates to HIT within your institution.

1. Some hospitals are reaching out to patients.

One of the stage 2 criteria for meaningful use of electronic health records (EHRs) stipulates that 50% of patients discharged should have their information available online within 36 hours of discharge. Additionally, 5% of patients who are discharged should view, download, or transmit their online data to a third party. What challenges do you see with these criteria? Certainly there are the technical challenges of capturing and pushing patient data to what is likely a patient portal within the relatively short timeframe. It

is likely, however, that vendors (due to their desire to meet your needs and achieve certification status for meaningful use) have already added this feature into their software.

Is it challenging for your patients to actually access their information online, because they don't have a computer? We think this is probably less of a challenge than it first appears. Patients who desire to access their information online have a variety of ways to access it. They can use computers at public libraries or use their smartphone. More than 60% of adults in the United States have smartphones. We believe a very real challenge to patients accessing their health information is knowledge. Do they know they can access their information, and do they know how?

The hospital in which we were an inpatient had removable, vinyl signs on the interior doors of every elevator we used. We were there for over a month, so we had plenty of opportunities to see these signs. The signs were evidently designed by someone trained in visual presentation of information. They clearly stated that you could access your "electronic health records" at no charge any time of day in a free and secure environment. Icons representing labs, medications, records, and e-mail conveyed the information and services that were available. A Web address was provided for signing up and beginning the access.

This hospital spent very little money to create an effective mechanism to reach a large number of their

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patients or, more accurately, the family members of the patients. Thinking about the 50%/5% meaningful use requirement, how many of your hospital's patients would need to be aware of this service before you reached the minimum standard? We expect that number to be pretty high.

2. Follow through is critical.

What did Brent's family do when they saw the signs? They grabbed a quick picture with their smartphone as a reminder of the service and to get the Web address for signing up. Once they had a few moments to collect themselves (this wasn't a planned admission), they jumped on the Web and followed the steps to sign up. They were told they should receive the necessary information to access their account within 5 business days. That was the first week of April. By the first week of June, Brent was still waiting on the information to access his records. Yes, after 2 months, Brent had yet to receive the information to access his EMR.

Obviously there has been a problem with his request. Mechanisms should be in place to identify situations in which someone requests but never accesses the records. These mechanisms could be included in the discharge workflow. A simple, brief discussion of the online resources could inform persons who did not know about the service and identify persons who are having problems. Length of stay will be an important factor in terms of the 5-day window for receiving access, but a discussion during discharge can highlight the service for persons whose stay is less than 5 days. After Bill's hospital discharge earlier this year, the hospital called him to follow-up about prescription refills. We envision including information about accessing the EHR in this type of follow-up call.

3. Know what is important to the patient.

Granted, we are not the typical patients in terms of our desire to engage the health system with electronic tools, but that doesn't mean the typical patient isn't using the available tools. One tool that is growing in use is hospital rating sites. These sites allow patients to rate their experiences in the hospital so others can compare facilities (see Healthgrades.com). Medicare has even started using patient satisfaction as a component of reimbursement in their star rating system. What are the factors that influence patient satisfaction? Providers might weigh quality of care as a primary factor, but the average patient often thinks about convenience, timeliness of care, and interactions with their providers when rating a hospital.

Some hospitals have taken a proactive approach to reputation management in the online world. Staff dedicated to monitoring the online world can reach out to patients who document poor experiences. More importantly, they can use negative experiences to address the problem and improve the experience for future patients. For our recent hospital stay, we definitely wanted optimal clinical outcomes. We also wanted to engage the institution in the electronic environment. This desire never was realized, and the hospital doesn't know that we were left wanting more.

Should you pull a pharmacist from his or her normal duties to manage your hospital's reputation? Of course not. We are, however, suggesting that, as members of the care team, your pharmacists should be aware of the importance of the patient experience as it relates to the institution as a whole. They should begin identifying ways they can positively impact a patient's stay. We would like to hear about your experiences in engaging patients and learning about their experiences (Brent at foxbren@auburn.edu and Bill at felkebg@auburn.edu). ■