Pharmacy Automation and Technology

Are Pharmacists Participating in Postdischarge Patient Reminders?

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In this column, we are making a short revisit to the technology that can assist in satisfaction of Meaningful Use criteria and can assist health systems that are increasing their population health initiatives to help improve outcomes while containing costs.

The Centers for Medicare & Medicaid Services (CMS) listed an electronic health record certification requirement in 2014 that eligible providers needed to document that 20% of patients over 65 years old and caregivers of children under 5 years old were provided with a reminder that focused on preventative and/or follow-up care after a care episode. Subsequent stages of Meaningful Use continue to focus on patient participation and engagement strategies in their most current iterations. Meaningful Use may be in a flux, but population health will not reach its full potential – in our opinion – if we do not keep patients and their caregivers engaged and participating in self-care management.

What would a progressive pharmacy department want to address with any patient at (and after) discharge that would fall into the categories of prevention and follow-up care? We like to quote former Surgeon General, C. Everett Koop, who said, “Drugs don’t work in people who don’t take them.” Follow-up reminders should try to ascertain that the medications that were prescribed for patients who are transitioning into care environments other than acute care are doing what they were intended by the prescriber. Medications for preventative purposes include annual vaccinations such as those for influenza. Are you generating patient reminders in this category?

Given that the issues of recidivism can absolutely come into play, medication regimen adherence problems can also be addressed in the context of the reminder. We believe that the beginning of patient participation can always be improved by asking the question, “Do you have any questions or concerns that I can address for you at this time?” We have

both experienced and were impressed by this question. After it came out of the mouth of several health system providers and even affiliated physicians, we realized that this question was actually scripted to be asked by every health care system caregiver. We are still talking about it 2 years later. What impression are you making at your health system in the hearts and minds of the patients and their caregivers?

We hope that we have intrigued you with what can be sent as patient and caregiver reminders. Let’s move on to how these reminders can be communicated. Patient portals (or personal health records) are being used by many health systems as a way of allowing patients to gain secure access to their protected health information. We recommend that health systems create portals that are branded to that health system rather than using third-party resources. One of the benefits of a branded portal is that patients come to realize that your health system is probably the one that knows the most about them and has the most actionable information available that can be used in clinical decision making. This realization can often keep patients from going to distant health resources where they would have to begin with a clean slate in some instances.

Patient portal access can be initiated by the patient’s most preferred channel of communication. For example, when somebody wants us to take an action, we frequently request that they send us an e-mail describing what we’re being asked to do. Thus, our e-mail inbox becomes our default “to do list.” Some people prefer text messages over e-mail. The very best way to contact every patient and caregiver when you want to provide follow-up or preventive

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reminders is through the channel of communication that they prefer. Realistically, you may not be able to fulfill the preferences of each and every individual in your community. For example, what are you going to do if the patient's preferred method of communication is to have you come to their home and demonstrate what self-care behaviors you want them to perform? You may not be able to justify this level of attention, except for rare circumstances. Alternatively, you can offer all of the other options that you can routinely provide in a menu and hope that these will contain an option that your patients will choose. Years ago, we did this kind of polling related to medication regimen adherence reminders. Some patients wanted a voicemail reminder at a time when they were likely to be out of their home, because they didn't want their dinner or favorite television show to be interrupted. All of the other preferences fell into the channels of telephone calls, faxes, e-mails, text messages, portal posts, and postcards.

Patient reminders do not have to be sent individually. In the same way medication dosing is scheduled and standardized in health systems, many patient reminders can be organized into group messages. For example, if the patient has his or her medication regimen organized into a multidose pill pack or box, a simple message for twice a day dosing could be a

reminder to "take your morning medication" or "take your evening medication." This messaging can be sent at a set time for a large group of people and can be sent or tweeted with an e-mail or text message alert.

Have you seen an advertisement for Amazon Echo devices where Alexa answered questions or controlled the lighting, sound, or thermostat in a home with smart devices? Over 5 million of these devices are now in American homes. Another popular device is Google Home that is actuated by saying "okay Google" or "hey Google." We are experimenting with leaving patient reminders that are tied to alarms that can be set remotely by asking the patient or caregiver to hold a cell phone in speaker mode next to these devices. A pharmacist can simply say, "Hey Google, set a daily alarm for 7 a.m. and call it 'take your morning medication'." Google repeats what it heard and the alarm goes off every day at 7 a.m. If the patient has multiple alarms set and wants to know what this alarm was about, they simply say, "Hey Google, what is this alarm?" Google replies, "Take your morning medication."

We look forward to hearing your comments or questions regarding this topic. You can reach Bill by e-mail at felkebg@auburn.edu or Brent at foxbren@auburn.edu. ■