EXPANDING THE IMPACT OF A MEDS-TO-BEDS PROGRAM ON **MEDICATION ACCESS** AND **MEDICATION REGIMEN** UNDERSTANDING THROUGH THE UTILIZATION OF A **SCRIPTCENTER KIOSK**

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BACKGROUND

- Medication non-adherence following a hospital discharge remains a pressing concern for health–care systems[1]
- Common contributors to non-adherence include patient's failure to fill discharge prescriptions and limited comprehension of how to follow discharge medication regimens [2]
- **Increasing accessibility to discharge medication** is an important step to increase adherence to medication regimens [3]
- Vanderbilt University Medical Center (VUMC) Meds-to-Beds (M2B) program improves medication access and addresses any general barriers to care during the prescription dispensing process that can lead to medication non-adherence
- When expanding service to the Vanderbilt Psychiatric Hospital (VPH), patient safety regulations prevented the bed-side delivery of medications. **The M2B program commissioned a ScriptCenter Kiosk to service their needs.**

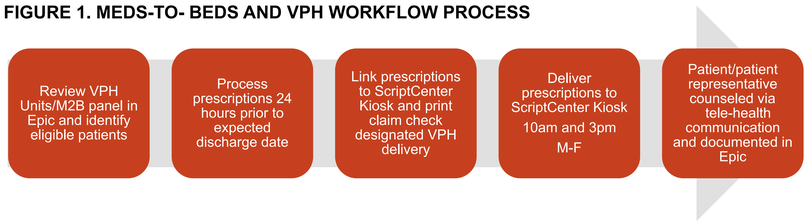
PURPOSE

- The goal of the VUMC's M2B program is to increase medication adherence by improving patient's medication access and medication regimen understanding before discharge.
- The purpose of this analysis was to evaluate the impact of the ScriptCenter Kiosk on the number of prescriptions filled by the M2B team and the rate of prescription pick up from the ScriptCenter Kiosk

METHODS

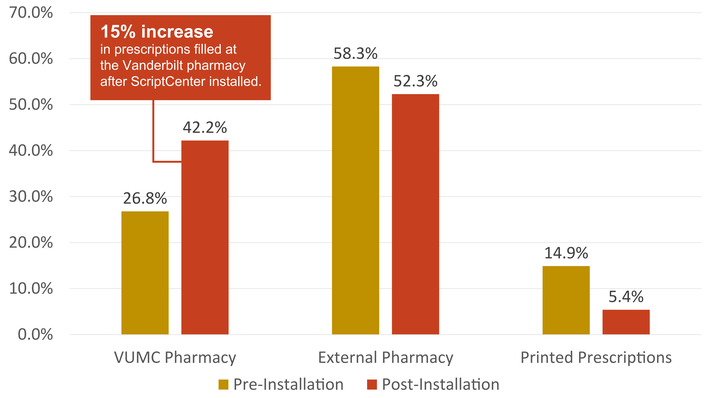
- **Study Design**: Single-center, retrospective cohort analysis
- **Timeframe:** Pre-Installation: April16, 2018 - March 31, 2019
  Post-Installation: April16, 2019 - April 30, 2020
- **Setting:** Vanderbilt Psychiatric Hospital
- **Inclusion Criteria :** Patients discharged from Vanderbilt Psychiatric Hospital to home and/or with home health
- **Exclusion Criteria**: Patients transitioning to Skilled Nursing facilities or Memory Care facilities, and patients unable to tolerate the use of the kiosk (clinical assessment given)
- **Primary Outcome:** The number of prescriptions filled by the M2B team before and after ScriptCenter kiosk installation
- **Secondary Outcome**: Rate of patients obtaining prescribed therapy from the Script Center kiosk

FIGURE 1. MEDS-TO- BEDS AND VPH WORKFLOW PROCESS



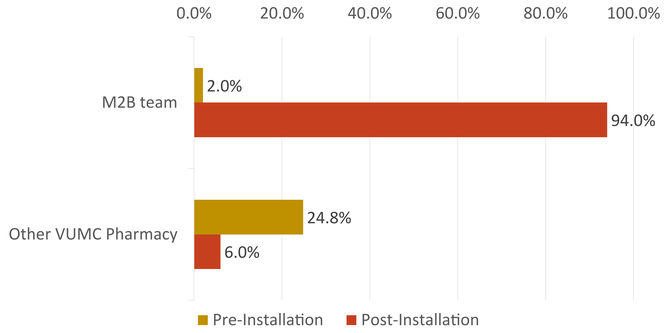
RESULTS

FIGURE 2. PERCENTAGE OF PRESCRIPTION VOLUME FILLED BEFORE (N=10,577 PRESCRIPTIONS) AND AFTER (N= 11,357 PRESCRIPTIONS) SCRIPTCENTER INSTALLATION



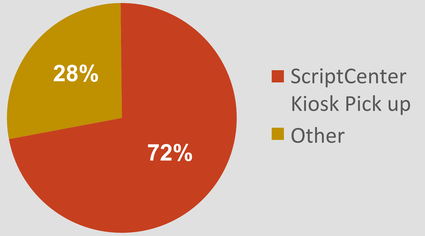
- After implementation of the ScriptCenter, VUMC captured more prescription volume and prescription volume sent to external pharmacies was reduced
- There was a **9.5% reduction in printed prescriptions**, potentially minimizing the risk of patient's failure to fill discharge medications

FIGURE 3. PERCENTAGE OF PRESCRIPTION VOLUME FILLED BY M2B TEAM



- Of the 42.2% (n= 4,779) of discharge prescription orders routed to VUMC Pharmacy post-installation, 94% (n=4,498) were serviced by the M2B program

FIGURE 4. RATE OF PRESCRIPTION PICK-UP AND MEDICATION COUNSELING FROM THE SCRIPTCENTER KIOSK POST-INSTALLATION N=4,498 PRESCRIPTIONS



- These 4,498 prescriptions were picked up at a rate of 72% (n = 3252) being retrieved directly from the ScriptCenter Kiosk.

CONCLUSIONS AND FUTURE DIRECTIONS

- Utilization of a ScriptCenter Kiosk at time of discharge showed **a positive impact on medication access** for patients discharged from VPH.
- The M2B team increased the number of prescriptions that were routed to their pharmacy after ScriptCenter installation.
- **More than 70% of prescriptions** were picked up at time of discharge by retrieval from the ScriptCenterkiosk.
- The next step is to create a M2B-VPH pharmacist liaison position to build strong relationships with the VPH medical team and to continue to increase utilization through the Script Center Kiosk.

REFERENCES

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2. Kripalani, S., Henderson, L., Jacobson, T., et al. Medication Use Among Inner-City patients After Hospital Discharge: Patient-Reported Barriers and Solutions. *Mayo Clin Proc.* 2008.
3. Gilmore, V., Efird, L., Fu, D., et al. Implementation of transitions-of-care services through acute care and outpatient pharmacy collaboration. *AJHP.* 2015.