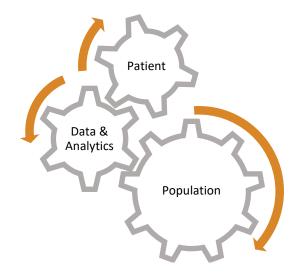
ProCare HospiceCare Excellence in Hospice Pharmacy and Clinical Services . . . One Patient at a Time!

ProCare HospiceCare utilizes a threedimensional model to ensure hospices improve the quality of patient care, achieve cost reduction, and are ready for the next generation of hospice. The pillars of the threedimensional system are individual patient-focused care, hospice patient population utilization reviews, and data analytics.



The Patient

- Studies consistently prove that pharmacist inclusion in patient care improves outcomes¹⁻⁵.
- 24/7/365 direct access to hospice and palliative care trained clinical pharmacists for symptom management, coverage recommendations, and cost-effective substitutions at the patient level.

From admission on, clinical pharmacists are involved every step of the way to ensure that each medication is both clinically appropriate and cost-effective. We also keep in mind that patients and families have unique goals of care that don't always fit into a specific guideline or formulary.

The Population

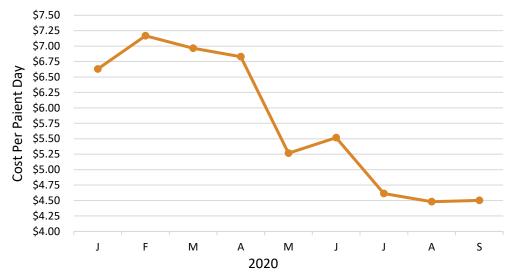
- Understanding patient population and drug utilization characteristics enhances patient care and facilitates prescribing decisions.
- Medication costs, pharmacies, and patient characteristics are some of the many qualities that make a hospice and their Cost Per Patient Day (CPPD) unique.
- ProCare HospiceCare's Medication Cents Reporting (MCR) provides a tool for hospices to track and review drug cost utilization for the entire patient population.

Data and Analytics

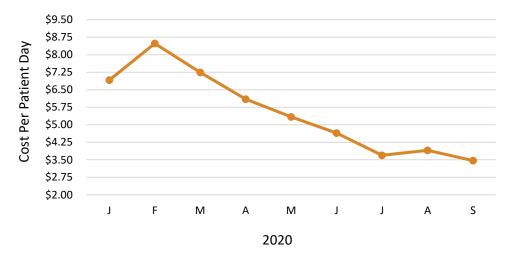
Empowering data and analytics at both patient and population level improves medication utilization efficiency, identifies population-based medication utilization trends, and drives frequent formulary updates.

ProCare HospiceCare

Excellence in Hospice Pharmacy and Clinical Services . . . One Patient at a Time!



Example 1: Medication claim data analysis identified a trend in high-cost medications (average claim cost > \$100) among specific disease states, which lead to a significant increase in Cost Per Patient Day (CPPD). Clinical pharmacists provided recommendations for each claim identified above this threshold. This resulted in significant cost reduction over three fiscal quarters. The CPPD includes the cost of clinical services.



Example 2: Clinical pharmacists hosted monthly interdisciplinary medication utilization reviews targeting trends in non-preferred therapies based on formulary and clinical appropriateness. The CPPD includes the cost of clinical services.

Conclusion

ProCare HospiceCare's hospice partners achieve substantial reductions in Cost Per Patient Day through the three-dimensional system that considers patient, population, and medication utilization data.

ProCare HospiceCare Excellence in Hospice Pharmacy and Clinical Services . . . One Patient at a Time!

References

- 1. Wilson S, Wahler R, Brown J, et. al. Impact of pharmacist intervention on clinical outcomes in the palliative care setting. Am J Hosp Palliat Care. 2011; 28(5):316-20.
- 2. Parajuli DR, Kourbelis C, Franzon J, et. al. Effectiveness of the Pharmacist-Involved Multidisciplinary Management of Heart Failure to Improve Hospitalizations and Mortality Rates in 4630 Patients: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. J Card Fail. 2019; 25(9):744-756.
- 3. Lee H, Ryu K, Sohn Y, et. al. Impact on Patient Outcomes of Pharmacist Participation in Multidisciplinary Critical Care Teams: A Systematic Review and Meta-Analysis. Crit Care Med. 2019; 47(9):1243-1250.
- 4. Leguelinel-Blache G, Castelli C, Rolain J, et. al. Impact of pharmacist-led multidisciplinary medication review on the safety and medication cost of the elderly people living in a nursing home: a before-after study. Expert Rev Pharmacoecon Outcomes Res. 2020; 20(5):481-490.
- 5. Dalton K, Byrne S. Role of the pharmacist in reducing healthcare costs: current insights. Integr Pharm Res Pract. 2017; 6:37-46.