ProCare HospiceCare utilizes a three-dimensional 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 three-dimensional 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 outcomes[^1-5].
- 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.
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.
References


