HARRIS HEALTH SYSTEM

Title: Improved Operational Efficiency of Ambulatory Pharmacies in a Large Teaching Health System.

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Background: Harris Health System is the nation's fourth largest Public or Community Teaching Healthcare System that includes Ben Taub General (level I trauma) and LBJ General (level III trauma) Hospitals, 15 Ambulatory Pharmacies, a Central Fill, and Correctional Health, serving a large indigent patient population of Harris County Texas; in addition to ≥ 10 thousand inmate population of the Harris County Jail. Our Pharmacy Vision: World Class Pharmacy recognized for excellence. The foundation of this commitment is embedded in patient centric culture and innovation. We processed and dispensed a three-year average of 1.8M prescriptions per year through 2020. In 2021, we processed and dispensed 1.9M prescriptions. Lack of transportation for patients, as one of the social determinants of healthcare consumption barriers, negatively impacts care appointment no-show rates, and prescription pick up visits at the pharmacies. At the onset of COVID-19 pandemic, the Centers for Disease Control and Prevention issued guidelines for safety measures including urging healthcare organizations to limit in-person contact, when possible, to reduce transmission rates.

Objective: Improve access to acute and chronic care medications to all patients leveraging centralization concept in the 15 Ambulatory Pharmacies while adhering to COVID-19 infection exposure risk mitigation strategies.

Planning/Implementation: The pharmacy team and executive leadership engaged in a comprehensive review, analysis, and approval of the initiative in the first quarter of 2020. Other activities included the creation of Integrated Pharmacy Services; reallocation of our human resources or full-time equivalents by first increasing and stabilizing our Central fill team. We centralized services such as prescription processing for all 15 pharmacies, refill clinic program from 11 locations, and medication therapy management program. We started a Call Center, taking medication calls for all 15 pharmacies, and making post discharge calls to patients discharged from our two hospitals within 72 hours of discharge. Under construction within the Integrated Pharmacy Service platform are: Ask My Pharmacist – A digital platform for patients to communicate directly with our pharmacists and a Drug Information Center for all our customers. The table below shows pre and post implementation delivery models.

Practice Model Differentiation			
	Decentralized Model		Centralized Model
•	Prescriptions (new and refills) are sent to each pharmacy site.	•	Prescriptions (new and refills) are sent to each pharmacy site.
٠	Processed at each pharmacy site	٠	Processed at a centralized location.
٠	Sent to Central Fill	•	Transmitted to Central Fill.
٠	Central Fill completes the fulfillment.	•	Central Fill completes the fulfillment.
•	Central Fill sends completed prescriptions back to the sites.	•	Central Fill delivers completed prescriptions directly to our patients' homes.
•	Patients would go to the sites to pick up their prescriptions.		

Results: The convenience of prescription home delivery increased medication availability to patients, with enhanced medication adherence opportunity, in addition to potential positive readmission impact. <1% Return-To-Stock was evidence of medication availability to our patients, and operational efficiency. Average prescription Home Delivery performance is 76% YTD with 24% onsite pick up. New services were added with no additional FTEs. Gained efficiencies enabled us to increase capacity by about 25% and increase clinical services. Prescription turnaround time decreased from the promised time of 3 to 5 business days, to less than 3 calendar days. Prescription-specific patient footprint/traffic at the hospitals and health centers reduced significantly. Long lines at the hospital and health center pharmacies were eliminated. Patient satisfaction HCAHPS scores increased from low 60s to high 88%. Employee satisfaction increased by 10 points.