



The Mobile Pharmacy Unit, a Non-Traditional Approach to Readmission Reduction

Zachary McNealy, Andria Wooley

SCHOOL OF PHARMACY

BACKGROUND

Hospital readmissions is unfortunately common and is a significant challenge for patients and the healthcare systems. Unfortunately, almost 25% of COPD and Heart failure patients are readmitted within 90 days after discharge. The Centers for Medicare and Medicaid established the Hospital Readmissions Reduction Program (HRRP) in 2012 to reduce avoidable hospital readmissions. HRRP financially penalizes hospitals if they exhibit higher-than expected readmissions. Still, in 2021 all cause 30-day readmissions cost the United States 15-20 billion dollars. Including Pharmacists in preventative care post discharge has proven beneficial, however low resource patients can have difficulty making vital follow up appointments.

Objective

Our primary goal is to design a plan with the primary objective of reducing readmission rates by ;improving medication management, enhancing patient education, and expand the pharmacist's role as a frontline caregiver in the post-discharge transition of care.

Mobile Pharmacy Unit Key Features

- Interdisciplinary collaboration with Radiology Technician
- Medication reconciliation
- Adherence assessments
- Lab, culture, and sample collection
- Patient education
- Mobile medical and imaging service
- Ability to provide high-quality follow-up care within 2 days after discharge.



Projected Outcomes

- Reduced 30-day readmission rates for patients included in the service
- Improved medication management
- Potential economic benefit
- Enhanced patient education and satisfaction

Conclusion

The MPU represents a unique, non-traditional approach to address hospital readmissions. By integrating an extended pharmacist role in post-discharge care, we ensure that high-risk patients receive effective timely follow ups, comprehensive medication management, and targeted education.

Methods/Implementation Plan

- Collaborate with hospital leadership and physicians to define goals and plan logistics
- Acquisition of essential equipment, and pharmacist training on expanded role
- MPU integration in discharge process and staff education
- Service launch
- Evaluation of service benefits at 3 years post launch

Projected Costs

Estimated Startup Cost		
Description	Phase	Amount (\$)
Leadership meetings	Early Planning	10,000-20,000
Physician Meetings	Early Planning	3,000-4,000
Pharmacist Qualification Verification and Training	Early Planning	2,500-5,000
Equipment and Supplies Acquisition	Preparation	80,000-90,000
Mobile Medical Van Acquisition and Modifications	Preparation	100,000-300,000
House supervisor and staff education/training	Education	7,000-9,000
Community Health Campaigns	Execution Phase	5,000-10,000
Total		207,500-438,000

Estimated Annual Operational Expenses	
Description	Amount (\$)
Pharmacist and Radiology Technician Salaries/benefits	200,000-230,000
Vehicle maintenance and fuel	30,000-40,000
Medical supplies and equipment maintenance	10,000-20,000
Insurance Premiums	20,000-30,000
Permits and licenses	5,000-10,000
Total	265,000-330,000