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The authors have no disclosures to report.

**QUESTIONNAIRE RESPONSES**

**BACKGROUND**

- Medication mismanagement and lack of inter-professional care coordination are serious problems in the United States' health care system and it is estimated that medication complications cause approximately 30% of hospital readmissions.
- Currently there is a gap in the continuum of intensive medication reconciliation for a patient at highest risk of hospital readmissions following discharge from the hospital.

**OBJECTIVES**

- To improve the quality of a managed care organization's MOC services.
- To decrease hospital readmissions of high-risk patients under the MCO's care.

**METHODS**

- **DISCHARGE COMPANION PROGRAM**
  - Eligible patients had one or more of the following:  
    1. Medication:  
       - Digoxin, coumadin, insulin, aspirin, or warfarin.  
    2. Hospitalization:  
       - Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Asthma, Chronic Heart Failure, Acute Myocardial Infarction (or Coronary Artery Disease, or Pneumonia).

- **PROGRAM PARTICIPANTS**
  - Discharged patients meeting inclusion criteria.
  - Managed care organization case managers.
  - University of Arizona Medication Management Center pharmacists (UMMPC).

- **PROGRAM DESCRIPTION**
  - **Time Frame:** June 1, 2013 to October 13, 2014.
  - **Control Group:**
    - 1.4 million patients (Pharmacy-PF contact in June 10, standard care [SC] 1.4 million significantly different from the mean number of days after September [mean: 8.63, SD: 2.00, p=0.006].
  - **Patients:***
    - 48% (N=23) readmitted within 30 days.

- **RESULTS**
  - There was no difference in the proportion of cases (48%, N=23) readmitted compared to controls (43%, N=35, p=0.53).
  - **Figure 3:** Area under the ROC curve compared to 0.8±0.3 days.
  - **Figure 3:** Illustrates the number of readmissions.

- **DISCUSSION**
  - Significant differences in the mean number of days between the patient's discharge in the CM group and the UMMPC Pharmacy-PF contact in June (mean: 12.9, SD: 1.9) was significantly different from the mean number of days after September (mean: 3.6, SD: 0.5) was significantly different from the mean number of days after September (mean: 3.6, SD: 0.5) was significantly different from the mean number of days after September (mean: 3.6, SD: 0.5) was significantly different from the mean number of days after September (mean: 3.6, SD: 0.5) was significantly different from the mean number of days after September (mean: 3.6, SD: 0.5) was significantly different from the mean number of days after September (mean: 3.6, SD: 0.5) was significantly different from the mean number of days after September (mean: 3.6, SD: 0.5) was significantly different from the mean number of days after September (mean: 3.6, SD: 0.5) was significantly different from the mean number of days after September (mean: 3.6, SD: 0.5) was significantly different from the mean number of days after September (mean: 3.6, SD: 0.5).  

- **CONCLUSION**
  - Future programs should include a larger patient sample, run for a longer period of time, and improve measures to evaluate whether a difference in readmission rates may be due to differences in disease management or improper pharmacist follow-up.

**REFERENCES**