

**Statement Before  
Public Health Committee  
Wednesday, March 5, 2014**

**HB 5386 AAC Care Coordination for Chronic Disease**

Good Afternoon Senator Gerratana, Representative Johnson and members of the Public Health Committee. My name is Margherita Giuliano and I am both a pharmacist and the Executive Vice President of the Connecticut Pharmacists Association. The Connecticut Pharmacists Association is a professional organization representing 1,000 pharmacists in the state of Connecticut. I am here today to speak to HB 5386 An Act Concerning Care Coordination for Chronic Disease.

This legislation requires the Commissioner of Public Health in consultation with the Comptroller and representatives of hospitals and other health care facilities and local and regional health departments, to develop a plan to reduce the incidence of chronic disease in our state, to improve the care coordination for patients with chronic disease and to reduce the incidence of chronic disease in each health care facility.

As you know, most patients who are diagnosed with a chronic disease take medications to help control and manage their disease. Medications, while crucial to helping patients, can be a problem when not taken appropriately. As you are aware, hospitals are now being closely monitored for their re-admission rates and unfortunately, adverse drug events account for a primary reason that patients are readmitted to a hospital.

As medications become more and more complex it is critical that we involve pharmacists in managing and coordinating medications with patients across the care continuum. One of the most substantive ways to address these problems is to involve pharmacists in medication management and coordination across the care continuum for patients with chronic disease. Pharmacists, while recognized for their expertise in medications, are often an underutilized resource because a reimbursement mechanism has yet to be developed.

I have provided you with a few statistics for your review.

- 19 % of discharged patients experienced an adverse event within 3 weeks of leaving the hospital; 66% of these adverse events were an Adverse Drug Event
- 60% of all medication errors occur at transitions of care
  - 40% of all medication errors and 20% of ADEs are due to poor communication at Transitions of Care (Gleason 2004)
  - When discharged from the hospital, approximately 50% of older adults experienced an error related to transitions of care (*Moore et al.*, 2003). These errors may result from intentional or unintentional discrepancies in medications prescribed during the hospitalization and those continued upon discharge.
- *Wong et al.* (2008) reported as many as 70% of patients discharged from the hospital have at least one unintentional medication discrepancy with almost 30% of these discrepancies potentially resulting in patient discomfort and/or clinical deterioration.
- An *IMS Institute for Healthcare Informatics* Report from June of last year shows medication misuse a \$200 billion problem
- 

The Connecticut Pharmacists Association recommends that this legislation include a pharmacist as one of the consultants to the Commissioner of Public Health to provide input into the plan. This would assure that there is additional expertise from a pharmacist's perspective to help develop the critical piece of this plan – managing medications of patients with chronic disease.