

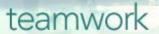
## **Primary Goal of the Clinic:**

- 1. Optimize the anticoagulation control of Warfarin therapy
- Decrease morbidity and hospitalization with reduced healthcare cost



# PMH Pharmacist-led Warfarin Clinic Model

- Established in July 2006
- Referral by cardiologists only
- Referral criteria: on Warfarin without
  other chronic medications
- Regular follow-up by pharmacists
- 1-2 yearly reassessment by cardiologists



# Responsibility of Warfarin Pharmacist

- 1. Monitor patient's anticoagulation control
- 2. Assess and evaluate:
  - Drug compliance level
  - Drug or food interaction
  - Patient's health status
  - Lifestyle changes

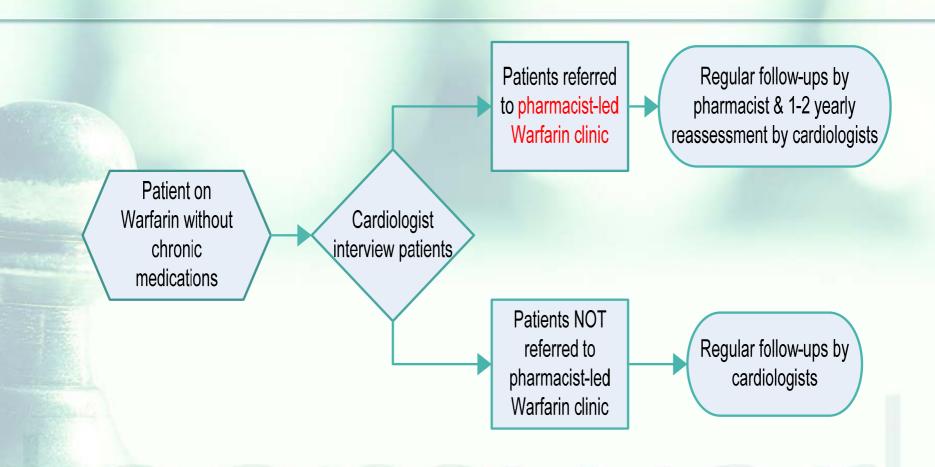




# Responsibility of Warfarin Pharmacist

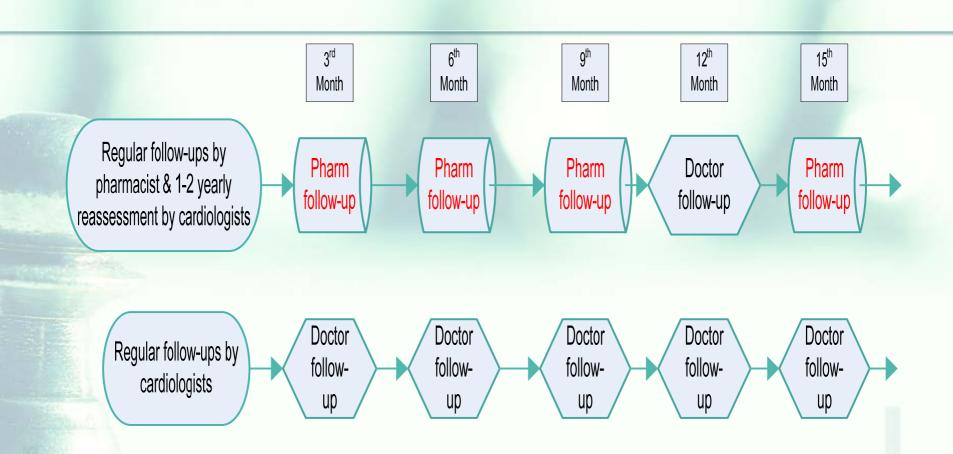
- Order appropriate laboratory investigation (eg. Test for INR)
- 5. Provide education on Warfarin management
- Arrange medical consultation for patients in special situations according to protocol

# Study design





# Study design





#### **Outcome measures:**

- Retrospective comparison of pharmacist-led VS cardiologist-led Warfarin groups on:
  - a. Anticoagulation control
  - b. Incidence of complications
    - 1. Major thromboembolic & haemorrhagic events
    - 2. A&E visits
    - 3. Hospitalisation
  - c. Patient's satisfaction on the service



### Patient's demographics:

	Pharmacist- led	Cardiologist- led	p-value
1. No of patients	24	24	-
2. Age (mean ±SD)	56.0 ± 8.6	53.4 ± 8.0	0.383
3. Sex	14(M)	16(M)	0.555
	10(F)	8(F)	
4. Target INR ranges:			
1.5 - 2.5	2	0	-
2 - 3	19	18	0.869
2.5 - 3.5	3	6	0.317



#### Patient's indications for Warfarin:

	Pharmacist- led	Cardiologist- led	p-value
5. Indications:			
AF	14	7	0.127
Heart Valves Replacement	9	10	0.819
CRHD	8	8	1.000
DVT	0	3	-
PE	3	5	0.48
Others	2	_ 1	



# **Anticoagulation Control**

 % patient-time spent within expanded therapeutic INR range (therapeutic ± 0.2 units INR) [using Rosendaal's Linear Interpolation method]

-	Pharmacist-led (Study group)	Cardiologist-led (Control group)	P-value
	84.68%	60.32%	P<0.001



Better anticoagulation control with pharmacist-led group

# **Anticoagulation Control**

2. Time to achieve therapeutic INR after dosage adjustment

-		Cardiologist-led (Control group)	P-value
	23.43 days	109.84 days	p<0.005



Pharmacist-led group achieve therapeutic INR quicker

# **Anticoagulation Control**

3. Days between follow-ups:

Pharmacist-led (Study group)	Cardiologist-led (Control group)	P-value
62.53 days	75.29 days	p=0.245



Similar follow-up intervals between two groups

Incidence of complications

	No of incidence	
	Pharmacist- led	Cardiologist- led
	(Study group)	(Control group)
Major thromboembolic	0	1
events		
Major haemorrhagic events	1	0
A&E visits	1	1
Hospitalisation	1	1



teamwork

No significant difference between two groups

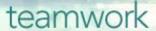
## **Patient's Satisfaction Survey**

#### 1. Dosage adjustment:

100% strongly agreed they are well-informed on the arrangement of dosage adjustment

#### 2. Warfarin Knowledge:

- 80% strongly agreed the clinic had increased their understanding of their medical condition
- 90% strongly agreed they are well-informed on the diet, TCM & OTC restrictions and thereby made changes in their diet



## Patient's Satisfaction Survey

#### 3. Waiting time:

95% satisfied with the shorter waiting time during follow-up clinic

#### 4. Staff attitude:

 95% rated pharmacists have very good attitude



#### 5. Overall satisfaction:

Score: 4.8 (5-point likert scale, 1 – lowest; 5 highest)

# **Benefits of the Pharmacist-led Warfarin Clinic:**

#### 1. Patient's INR:

- Better control (more time within target range)
- Achieve therapeutic INR quicker after dosage adjustment
- Improved knowledge on Warfarin management

#### 2. Physician:

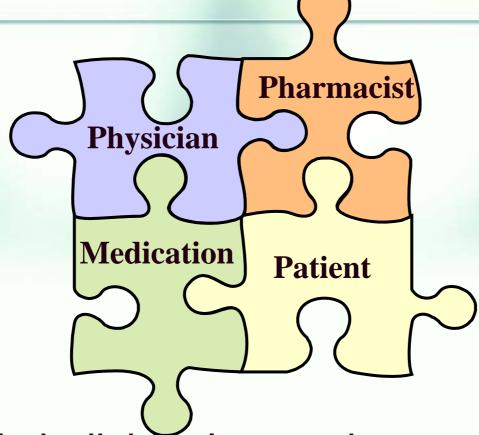
Spend more time with hard-to-manage cases

#### 3. Healthcare resources:

 Better utilization of pharmacist expertise in the management of Warfarin therapy

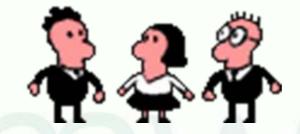


## Work hand-in-hand



Apply individual expertise to achieve beneficial outcome!

# Thaill you!



teamwork