



Service Priorities and Programmes Electronic Presentations

Convention ID: 174

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From Many to One' – a Patient-Centered Approach to Tackle Polypharmacy

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Keywords:

Patient-centered approach

Medication adherence

Polypharmacy

Therapy optimization

Introduction

With the aging population, polypharmacy is almost inevitable, resulting in an increasing trend of adverse drug reactions (ADRs), drug-drug interactions and poor drug adherence. The Physician-Patient-Pharmacist partnership is a channel to expand patient's access to healthcare professionals as well as achieving a patient-centered approach to advance patient safety. Our pilot service aimed at strengthening this patient-centered partnership to deal with the "MANY drugs for ONE patient" phenomenon.

Objectives

By educating patients on medication adherence and knowledge and through patients reported outcomes and experiences, pharmacist can assess the appropriateness of their therapies. Through this partnership, we attempted to optimize therapies and to promote appropriate polypharmacy.

Methodology

- 1.The pilot program was set up in the Rehabilitation SOPD from May-2015 till March-2016. Patients with ≥ 8 medications were recruited.
- 2.To collect data on patients reported outcomes and experiences on therapies received, two face-to face counselling sessions would be conducted with patient: (before 1st physician consultation and before the next follow-up) and one phone counselling would be conducted in between for patients to report their updated changes in therapies and responses.
- 3.Standard questionnaires were used for assessment and reporting of patient medication adherence (by Morisky scale (MMAS)), knowledge and appropriateness of their therapies. Any existing private medications or ADRs that might have been encountered would also be documented.
- 4.Identified problems and recommendations for therapy optimization would be sent for physicians' consideration.

Result

In total, 59 patients were recruited. The most common non-adherence risks identified were (1)unaware of drug indications; (2)unable to understand the regimen, (3)withholding drug(s) due to perceived ADRs. With this partnership approach, significant improvement in medication adherence ($p=0.001$) was found, indicated by a reduction in mean MMAS score (46.4%), of which 20% improved from medium to high adherence.

Total of 135 recommendations were made to physicians, of which 55.6% ($n=75$) were accepted. The most common interventions were dosage adjustment (14.6%), change of therapy due to ADRs (13.1%) and excess therapy (11.7%).

Overall 92.1% felt that the partnership program was helpful and 44.7% expressed that they would approach a pharmacist for medicine information if needed in the future.

Conclusion:

A patient-centered partnership approach encourages patients to feedback their most recent treatment outcomes and experiences to pharmacists. This has proven to exert positive effects on improving medication adherence and patient engagement in their treatments. Elements of telepharmacy could be incorporated into future services especially with the ever-prolonging follow-up duration in public hospitals.