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A Pilot Study of Pharmacist-led Medication Management And Compliance Clinic (MMCC) at The Outpatient Setting of a Hong Kong Public Hospital

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Introduction

Profound studies have shown the importance of detecting drug-related problems and performing interventions by pharmacists in related to enhance therapeutic outcomes in ambulatory care settings. Hospitalization and subsequent discharge, follow-ups in clinic or any transitions of care often involve discontinuity of care and multiple changes in medication regimens. Patient education may not be adequate upon the transitions and thus lead to a number of drug-related problems and avoidable health care utilization.

Objectives

The pilot study aims to (1) detect potential drug-related problems at the outpatient setting of a local hospital by establishing a pharmacist-led Medication Management and Compliance Clinic (MMCC), thus (2) enhancing patients' medication compliance and (3) reducing admission rate and number.

Methodology

A prospective non-randomized cohort study was conducted from November 2015 till January 2016. At the outpatient setting, patients who have been taking ≥ 5 chronic medications and fulfilling either one of the following criteria would be recruited, namely i.) Change of medication regimen at the present follow up; ii.) Dosage form requiring special technique for administration or iii.) ; Having potential non-compliance problems were recruited. Detailed pharmacist counselling sessions were provided to individuals and a standardized data collection form was designed for recording general assessment, including the compliance score as the primary outcome. Other pharmacist interventions were also performed, such as disease knowledge education, discussion on individualized therapeutic goals, etc. The secondary outcomes involved the comparisons of all-cause admission rates and numbers 30,60 and 90 days pre- and post- pharmacist intervention. The data were extracted from the Electronic Patient Record (EPR) database. Paired t-test and McNemar test were used for

analysing continuous data and non-parametrical data respectively; others were interpreted as descriptive data.

Result

A total of 137 subjects (mean age 72 ± 11) were enrolled. More than half (63.5%) subjects were recruited due to requiring the use of special technique of administration and 52.9% of the cases were found having poor administration technique. However, the average compliance score ratio obtained was high, 0.8 ± 0.2 (Max score=1). Moreover, result showed a statistically significant reduction in admission rate 30 days after MMCC service by 2.19% ($p=0.001$) compared with the previous 30 days. In general, a trend of reduction in patients' admission rate was observed after the MMCC service.

Pharmacist-led MMCC service has a significant role in reduction of admission rate. Since statistically significant reduction in admission rate could merely be obtained 30 days post- intervention, it implied more frequent pharmacist interventions might be needed for a more sustainable effect