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Optimizing safe and effective patient care focus on clinical pharmacist services and outcomes at the Medication Therapy Management Clinic: Stroke prevention

Introduction: According to the American Heart Association Heart Disease and Stroke Statistics 2017 updates, stroke ranks No. 5 among all causes of death, after diseases of the heart, cancer, chronic lower respiratory disease, and unintentional injuries/accidents. Globally, in 2013 there were 6.5 million stroke deaths, making stroke the second-leading cause of death behind ischemic heart disease. Approximately 795,000 strokes occur in the United States each year. Around 610,000 of these are first attacks, and 185,000 are recurrent attacks. About 60% of stroke deaths occurred outside of an acute care hospital.

Most of the stroke patients are on multiple medications which may lead to a several negative outcomes for both patients and healthcare facilities. These negative outcomes such as adverse drug effects, poor patient health, and hospitalizations, as well as economic outcomes by increasing drug expense and costs associated with increased utilization of health services.

In the past, physicians have full responsibility to manage their patients with chronic diseases and complex medication regimens. Nowadays, pharmacists are increasingly responsible for managing patients' medication regimens to enhance patient's adherence, preventing adverse drug reactions, improving patient quality of life and decreasing facility and drug costs.

Medication Therapy Management (MTM) Services in Pharmacy Practice is designed to enhance collaboration among pharmacists, physicians, and other healthcare professionals to optimize and promote safe and effective medication use to improve patient outcomes. During this service a comprehensive assessment and evaluation of patient's medication therapy regimen to prevent medication errors such as drug interactions, duplications, omissions, dosing errors, as well as to observe patients' compliance and adherence patterns.

In a large academic institution, MTM clinic is described as an important service to optimize patient care by providing patients with medications and disease states counseling. These identified benefits of MTM clinic lead to frequent patient referrals specifically for aid with medication adherence and disease state management. Also, a collaborative, pharmacist-led hypertension management service can help monitor BP, improve medication adherence, and optimize therapy in a step-wise approach. Other study showed the exposure of pharmacist with patients, and face-to-face Comprehensive Medication Management services resulted in improvement of medication adherence. A study at the medical center's ambulatory care clinics, the clinical pharmacist practitioner, have had a positive influence on improving patient and cost outcomes, through interventions contributing to reducing readmissions, and provide indirect revenue through cost avoidance, and creating new revenue through billing for patient visits.

Objective: To measure the outcome of clinical pharmacist attribute in medication therapy management clinic and intervention on patient's outcomes by optimizing patient care through enhancing appropriate drug use, increase adherence to medication therapy, and improve detection of adverse drug events to encourage patients' safety.

Methods: Study Design Prospectively, patients who will be seen by a clinical pharmacist in the medication therapy management

Notes:

Clinic which operated parallel to physician stroke prevention clinic will involve. Comprehensive medication profile reviews and patient interview will be performed. The interventions will be discussed with the physician. Patients with approved interventions related to antidiabetic agents or antihypertensive medication will be followed by telephone call one week later and four weeks after appointment.

Inclusion and exclusion criteria

Inclusion criteria:
All patients with appointment in the stroke prevention clinic who received approved clinical pharmacist intervention All patients with appointment in the stroke prevention clinic with poor medication adherence.

Exclusion criteria:
Patients with appointment in the stroke prevention clinic who are not on any medication.

Outcome Measures: Primary outcome: Measure the effects of clinical pharmacist interventions by reaching the target fasting and postprandial blood glucose level and target blood pressure according to the case.

Secondary outcomes: Feedback of clinical pharmacist intervention on patients reported adverse drug events. To measure improvement of patient's medication adherence by decreasing the number of missing doses per week.

Speaker Biography

Nahed Lubbad is currently working as a Clinical Pharmacist at King Fahad Medical City, Saudi Arabia. His experiences include Medication Therapy Management (MTM) Clinic, Stroke Prevention Clinical Pharmacist, Medication Utilisation Committee Coordinator, Clinical Pharmacist, Drug and Poison Information Clinical Pharmacist and Medication reconciliation Clinical Pharmacist at King Fahad Medical City from the year 2011 till present.

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