

Identifying and Resolving Drug-Related Issues through the Iowa Medicaid Pharmaceutical Case Management Program

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Background

- Ambulatory patients taking multiple medications are at risk for drug-related safety issues
 - Non-adherence, adverse drug reactions, drug interactions, duplication
- Iowa Medicaid initiated Pharmaceutical Case Management Program (PCM) to manage risk of drug therapy

PCM Program

- Physicians and community pharmacists work together to manage drug therapy – each can bill for services
- Eligible for Medicaid patients taking at least four chronic medications
- Pharmacist evaluates drug therapy and sends SOAP note to physician

PCM Program

- Physician may reject or accept recommendations made by pharmacist
- Accepted recommendations constitute an action plan
- Follow-up visits and notes can change plan

Study Objective

- Describe the drug-related issues identified at one pharmacy during the first two years of the PCM program

Methods

- Data abstracted from pharmacy patient records
- Sample of 153 patients who had at least one PCM visit during first two years of the program

Variables

- Patient demographics
- Number of conditions at enrollment
- Number of medications at enrollment
- Type & number of drug-related issues
- Pharmacist recommendations
- Physician response to pharmacist recommendations

Data Analyses

- Frequencies
- Descriptive statistics

Description of Patient Sample

Variable	Mean	Standard Deviation	Minimum	Maximum
Age (years)	53.9	19.7	7	93
Number of Conditions	6.18	2.91	1	14
Number of Medications	9.32	4.48	2	26
Number of PCM Visits	3.32	1.95	1	9

Female 74.2%

Drug-Related Issues (N = 901)

DRUG-RELATED ISSUE	Frequency (%)
Inappropriate Compliance	232 (25.8)
Needs Additional Therapy	199 (22.1)
Wrong Drug	122 (13.6)
Unnecessary Drug Therapy	113 (12.5)
Adverse Drug Reaction	98 (10.9)
Dosage Too Low	85 (9.4)
Dosage Too High	47 (5.2)
Other	5 (0.5)

Physician Acceptance of Pharmacist Recommendation

PHARMACIST RECOMMENDATION	FREQUENCY ACCEPTED (%)
Dosage Changed	87/175 (49.7)
Medication Replaced	84/176 (50.6)
Medication Stopped	78/166 (50.3)
Medication Added	74/155 (42.1)
TOTAL	323/672 (48.1)

Discussion

- Drug-related issues were prevalent for this population
 - Inappropriate compliance
 - Needs additional therapy
 - Unnecessary/wrong drug therapy
 - Adverse drug reaction

Discussion

- Physician and pharmacist views of drug-related issues differ
 - Possess different patient information
 - Physician – diagnoses, medical hx
 - Pharmacist – drug therapy from multiple MDs
 - Differences in education and practice focus

Discussion

- Patient medication safety can be improved through collaboration between physicians and pharmacists
 - Lack of time and payment are barriers
 - Limited communication is obstacle
 - Community pharmacists could be better utilized

Implications for Policy & Research

- Further trial and development of collaborative care models such as PCM are needed
- Other at risk populations could benefit for programs such as PCM
 - E.g. Elderly patients

Implications for Education

- Joint educational experiences including physicians and pharmacists
 - Multidisciplinary, interdisciplinary
- Pharmacists as physician educators
- Physicians as pharmacist educators