

Expanding the Outreach Pharmacist role: Delivering phone-based medication education to cardiac clients

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Introduction

HARP is a Victorian initiative which provides short term support and intervention to people with chronic and complex health issues, aiming to promote self management and reduce avoidable hospital admissions. The Victorian Health Independence Program Guidelines state that all HARP clients should have access to a medication review¹. For clients residing in the HARP catchment, MMS Pharmacists complete a medication review in the client's home.

The HARP Cardiac Coach Program is a phone based nurse-led coaching program targeting cardiovascular risk factor reduction for patients post cardiac event or cardiac surgery. As RMH is a Cardiology tertiary referral centre, many clients recruited to the Coach Program reside outside the HARP catchment area and are hence unable to receive a home medication review by a HARP Pharmacist. Phone-based pharmacist reviews have been utilised in other organisations with similar patient cohorts as an alternative to traditional home-based review².

This project was developed to ensure that all Melbourne Health HARP clients have access to a medication review in some capacity and to explore the benefit of pharmacist phone call follow up.

Aim

To pilot an expanded Outreach Pharmacist role to provide a phone-based service to a client cohort ineligible for HARP pharmacist home review due to living outside the outreach service catchment.

Methods

Recruitment:

On hospital discharge, English speaking clients with a cardiac-related admission (i.e. NSTEMI, CABG) were recruited to the HARP Cardiac Coach Program per usual protocols, and were consented to participate in the project (QA approved).

Pre-Intervention: First Cardiac Coach session

During their first Coach session, consenting clients were surveyed by Coach staff to self-rate their understanding of medication indications, instructions and side effects using a five-level Likert scale.

Intervention: Pharmacist phone call

After review of the client's relevant medical records, a pharmacist phone call was conducted within two weeks of the initial Coach session, using a prepared template. Although the focus of the pharmacist session was cardiac medications and medication management, general pharmacist advice was also provided if requested.

If issues requiring medical practitioner input were identified by the pharmacist, written correspondence was sent to the client's General Practitioner (GP) using a prepared template. Information on the type of medication related problems (MRP) and recommendations were collected.

In instances where it was felt a GP letter was not required, clients were encouraged to discuss their concerns directly with their GP. Identified issues were also handed over to the client's Cardiac Coach.

Post-Intervention: Second Cardiac Coach session

A post intervention survey was completed with clients during their second Coach session to re-evaluate their medication confidence and rate their perceived benefit of the pharmacist input.

Results

From May 2017 to December 2017, 120 clients were deemed eligible for the project, of which 51 clients consented to participate (Figure 1). In total 49 clients received a phone call from a pharmacist as part of the project. 67 clients declined participation in the project, however feedback from their Coaches indicated that many would have benefited from further pharmacist education.

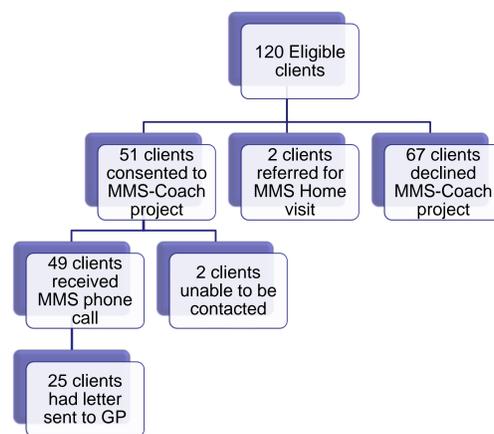


Figure 1. Clients included in project

On average each phone call took 38 minutes (range 15 to 95 minutes) with each client requiring an average of 66 minutes of pharmacist time (research, phone call, writing GP letter). It should be noted that this is likely an underestimate of total pharmacist time as the preparation time for unanswered calls and peer review of written correspondence was not accounted for.

Survey results:

Clients' self-reported understanding of medication instructions, indications and side effects improved post pharmacist intervention, with understanding of side effects improving the most from 3.36 to 4.34 (Table 1). Clients reported a positive response to the intervention (Figure 2).

Question	Pre-Intervention survey response average (out of 5)	Post-Intervention survey response average (out of 5)
I am confident I know what all of my prescribed medicines are for.	3.80	4.50
I can describe <u>how</u> to use all of my prescribed medicines.	4.05	4.55
I can describe <u>when</u> to use all of my prescribed medicines.	4.07	4.72
I understand all of the possible side effects of all of my prescribed medicines.	3.36	4.34
My overall confidence regarding taking all of my medicines has improved.	N/A	4.76
I found the phone call from the pharmacist to be helpful.	N/A	4.83

Table 1. Pre and post survey average responses

- "A very welcome and informative phone call. Very impressed with all follow up care"
- "Delighted with the follow up"
- "Helped to clear up any doubts, and reassured my wife and I"
- "Very grateful for the pharmacy follow up"
- "Very useful"

Figure 2. Sample of client feedback

Medication related problems (MRP) identified:

The most common points of discussion during the pharmacist intervention included:

- Medication management strategies
- Medication counselling (with a focus on cardiac medications)
- Smoking cessation
- Mood
- Complementary medicines use
- Pain management

Clients were empowered to discuss any identified issues with their GP (in line with the self-management philosophy of HARP).

Of the 49 clients that received a phone call from a MMS pharmacist, 25 clients had medication issues identified that the pharmacist felt required written follow-up with the client's GP, with the most common being suspected adverse drug reaction (ADR) and recommendation for optimisation of therapy (Figure 3).

Results were discussed with the Cardiac Coach team to improve their screening for common MRP in this client group.

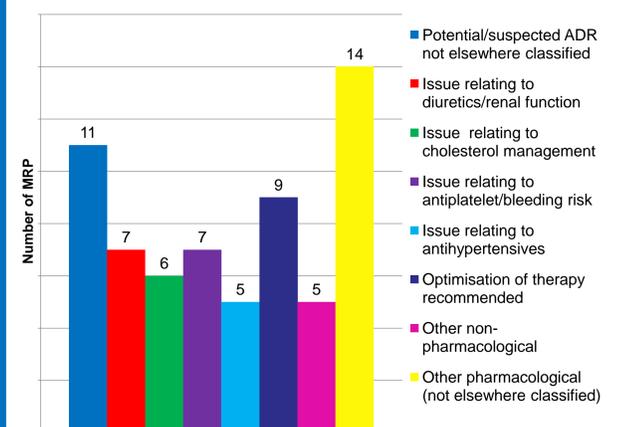


Figure 3: MRP identified by HARP pharmacists for GP follow up

Conclusion

Although phone-based review is not a replacement for home review, this project showed that pharmacist phone-based medication education is a feasible alternative means of providing post discharge education to cardiac clients where HARP Outreach Pharmacist home-based review is not possible.

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References

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