

Innovative new career opportunity: Medication Review Service for clients of Community Mental Health Clinics

Anna Courtney, Karolinka Golebiewski, Hun Liang Oon, Sue Bascombe
North Metropolitan Health Service – Mental Health, Western Australia

Introduction

Mental Health clients are at high-risk of medication misadventure and poor health outcomes.¹

Comprehensive medication reviews have been found to be a valuable strategy to identify and resolve medication-related problems.² Mental Health Services Frameworks recommend regular medication reviews for patients of Community Mental Health Clinics (CMHCs).

Pharmacists are rarely members of CMHCs and no model for a Medication Review Service (MRS) could be found in the literature, therefore a workflow template was developed in consultation with stakeholders. The workflow template included:

- protocol for referral and review
- structured interview tool
- medication review report template
- statistics collection tool

A senior clinical pharmacist with mental health experience attended two CMHCs in Western Australia for the purpose of conducting a MRS.

Results

The cohort of clients provided with a MRS had complex medical and psychiatric comorbidities.

Table 1: Client demographics and MRS finding

Gender	Male 65% Female 35%
Average age	46 years
Average number of medications/client	8
Psychiatric diagnosis (many clients had multiple diagnoses)	Schizophrenia (37) Anxiety disorders (24) Depression (21), Personality Disorders (19) Bipolar Affective Disorder (11) Others (7)
Average number of medical comorbidities per client	4
Total number of medication-related problems (MRPs)	406
Total number of recommendations	758
Average number of MRPs per client	7
Average number of recommendations per client	14

Discussion

Stakeholders and pharmacists conducting the MRS were interviewed about their experience, and key themes were:

- Pharmacists identified many actual and potential medication problems resulting in changes that had significant impacts on clinical outcomes and quality-of-life
- Collation of information from both inpatient and outpatient history provided critical client history that had not been available before.
- Physical presence in the clinics for MRS allowed integration into the multidisciplinary team. This meant the pharmacist could follow-up on changes resulting from recommendations, do short consultations, provide education to clients and staff, answer medication enquires, and assist with medication policy development.
- A framework comprising peer-review to validate the recommendations provided and departmental support gave confidence to pharmacists in the new role.
- The pharmacists identified that the disconnection between medical and mental health management is a significant problem.
- Recommendations resulting from referrals by psychiatrists compared to case managers were more likely to be read and acted upon.
- Pharmacists found the new role professionally satisfying, and allowed a high level of autonomy and job-flexibility.
- Informal feedback from clinicians and clients found the service valuable and highly appreciated.

Referral Received from Doctor or Case Manager
Ascertain Clinical problems
Scope of review required
Clinical urgency and timeframes
Risk issues

Background Research
Sources Paper-based progress notes
Electronic health records
External health providers
Client's own medication

Client Interview

- Screen for adverse effects using rating scales
- Explore client's views of current and past medication treatments
- Confirm physical health status
- Assess client medication management and adherence
- Address concerns about medication and strategies to manage adverse effects
- Review smoking status and substance use
- Provide written and verbal information about medications, medical conditions and a current medication list

Medication Review Report

- Summary of client's case background
- Summary of interview
- Medical history
- Allergies and adverse reactions
- Current medications
- Investigation results
- Past psychotropic medication history
- Findings and recommendations

Figure 1: MRS process

Figure 2: Classification of MRPs found

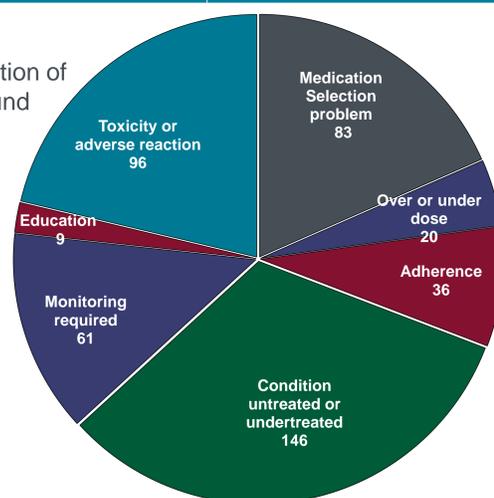
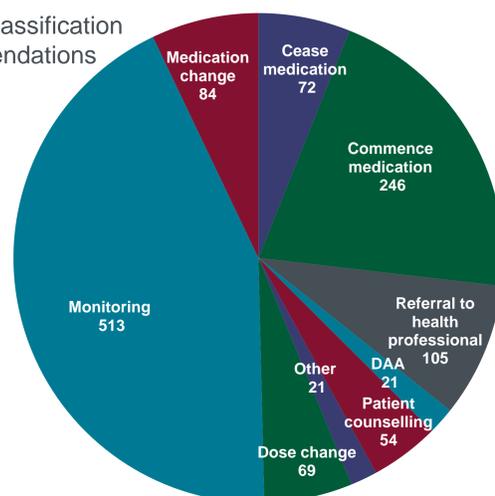


Figure 3: Classification of recommendations made



Examples of findings and recommendations

- Adverse drug reactions identified and recommendations successfully made to address these.
- Over the counter products discovered causing drug interactions and/or adverse effects and appropriate measures taken.
- Identified untreated medical conditions and treatment initiated based on options provided.
- Significant polypharmacy found and strategies implemented to rationalise medications.
- Lack of required monitoring identified and monitoring put in place.

Conclusion

As the healthcare landscape evolves, new innovative roles for pharmacists are required where their clinical skills can be utilised. MRS for CMHC is an area with a great need for clinical pharmacy input.