
CONFERENCE ABSTRACT

Implementation of patient prioritisation tools: impact on integrated pharmaceutical care provision

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Introduction: The Scottish Government's ambition aims for people to live as long as possible at home or in a homely setting. The projected population increase aged 70+ is 55% by 2035 in [removed] Scottish region. Currently, there is limited resource to provide pharmaceutical care to this complex patient group often with multiple co-morbidities and low health literacy. Special difficulty is experienced when patients transition between care sectors.

Description of practice change implemented: The development, implementation and evaluation of patient prioritisation tools (LACE, Ayrshire Polypharmacy Attendance and Cognition Evaluation (APACE) and Enhanced Medication Summary (EMS)) to target patient identification for pharmaceutical care which consisted of structured polypharmacy reviews and enhanced discharge planning with links to follow up community pharmaceutical care (intermediate care, general practice based, community pharmacy or care at home).

Aim and theory of change: The aim is to identify elderly patients with greatest pharmaceutical care needs: patients with high risk medicine combinations, not coping with home medicines management due to cognitive impairment, or requiring support at transitions of care. The long term goal is to maintain patient and carer independence with medicines management, prevent potential/actual adverse drug events and prevent hospital admissions/readmissions. Adopting prioritisation tools to optimise limited pharmaceutical staff resource can target patients for comprehensive pharmaceutical care provision.

Targeted population and stakeholders: Patients aged 65 and over in a community or hospital care of the elderly setting in one Scottish health board area. Key stakeholders include hospital and community medical, pharmacy, nursing, and social care staff.

Timeline: Tool development started August 2017 with initial evaluation conducted after three months, thereafter implementation with ongoing assessment.

Highlights (innovation, impact and outcomes): EMS polypharmacy reviews (n=286) resulted in a total of 707 interventions (mean 2.5 per patient): with rating of 12% patients (n=35) likely hospital/care home admission prevention. Additionally 69% patients (n=197) with pharmaceutical care interventions which potentially prevented adverse effects. APACE reviews (n=20) resulted in 47 interventions. LACE tool identified 72% patients (n=62) for enhanced discharge care.

Interim results (n=7) indicate patient and carer rated pharmaceutical care provision as very good/excellent for CARE (Consultation And Relational Empathy) measure aspects: really listening;

fully understanding concerns; explaining things clearly; helping you take control; and making an action plan with you.

Comments on sustainability: Patient prioritisation tool use has aided identification of high pharmaceutical care needs patients and streamlined pharmacy service delivery, thus creating a sustainable care of the elderly pharmacy service.

Comments on transferability: Potentially transferable to similar organisations.

Discussions: Stratification tools aided patient identification and standardised polypharmacy reviews. The majority of patients required at least one pharmaceutical care intervention with outcome of admission/readmission avoidance assessed in 15% patients. Changes to medicines agreed with patient and/or carer were communicated to relevant stakeholders with appropriate pharmaceutical care follow up. Staff rated tool use as enhancing service delivery and patient care.

Lessons learned: Effective use of patient prioritisation tools has enabled appropriate targeting of patients for enhanced pharmaceutical care with high patient acceptance. Further refinement of tools is required to ensure maximum benefit.

Keywords: risk stratification; patient prioritisation; pharmaceutical care; medicine management; care of the elderly
