Abstract

Objectives

Aims

1) To pilot test and examine the feasibility of a multi-disciplinary, pharmacist-led, comprehensive medication management (CMM) intervention for high risk older adults with polypharmacy

2) Conduct a cost analysis of clinical pharmacy services targeting high risk medication in the elderly

3) Assess attitudes of participants and primary care providers regarding the pharmacist provided service

Primary Data Endpoints:

1. Rate of medication discontinuation.

2. Rate of unplanned, all-cause hospital readmission at 30 days, 3 months, and 6 months following the intervention and control groups.

3. Description of the activities performed by the clinical pharmacists within the model of care, focusing on adherence to pharmacists-initiated comprehensive medication management model in order to ascertain intervention costs and sustainability.

4. Cost effectiveness of the pharmacist-initiated comprehensive medication management model in order to ascertain intervention costs and sustainability.

Methods

Study Design:

Quasi-experimental pretest-posttest analysis utilizing a nonequivalent control group. Fifty eligible patients in an academic family medicine practice will receive a deprescribing intervention (intervention arm) and be compared to a historical control group of 50 patients identified in the practice medical record.

Inclusion Criteria

• Age ≥65 years

• Receive primary care through participating provider at UBMD

• Active for ≥ 8 or more medications AND/OR at least one order for a medication considered potentially inappropriate per the 2018 Beers criteria

• 2 or more chronic diseases

Exclusion Criteria

• Patients found to no longer be meeting medication inclusion criteria during medication reconciliation

• Resides as assist living or other skilled nursing facility

• Primary language other than English

• Diagnosis of dementia or mild cognitive impairment or prescription for acetylcholinesterase inhibitor or memantine

Data Collection

Electronic Medical Record (EMR): Intervention and control group.

Patient Risk Stratification: CPC+ Tool (provided monthly)

Table A Screening/Recruitment Procedures

Table B Consent/Interv/Follow Up Procedures

Follow up will include the following algorithm:

1 week: For immediate concerns (e.g. discontinuation, tapering completion, new medication start, etc…)

4 weeks: Follow up to patient satisfaction survey, full effects of new medication regimen, etc…

Table C Data Collection (CPC+ Scoring Algorithm)

Table D Consent/Interv/Follow Up Procedures

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References


