Background

- The estimated annual cost of medication misuse is more than $200 billion with an estimated 1.5 million preventable medication-related adverse events reported yearly.
- Medication therapy management (MTM) services may improve health outcomes and lower health care costs.
- Qualification criteria: Adults with diabetes mellitus and/or hypertension who see a provider or fill prescriptions at a contracted community partner facility.
- Initial MTM telephonic consultations by clinical pharmacy staff consisted of:
  - Reconciling patients’ medication list and allergies
  - Identifying and resolving safety concerns including drug–drug interactions, adverse drug reactions, dosing concerns, and therapeutic duplications
  - Assessing for adherence to national consensus treatment guidelines
  - Counseling patient on the importance of medication adherence, vaccinations, preventative screenings, and lifestyle changes in managing chronic condition(s).
- After each review, patients were mailed a written summary and updated medication list.
- Concerns and recommendations were provided to the patient’s provider via facsimile.
- Patients received a follow-up telephone call within 90 days of the initial CMR; high-risk patients with poorly controlled disease states or poor adherence received more frequent follow up.

Objective

- The objective was to assess the collaborative approach of both centralized, telephonic and community-based clinical pharmacy services in improving health outcomes for diabetic and/or hypertensive patients in rural, under-served Arizona communities.

Methods

- Five community partner sites were selected in rural areas of Arizona:
  - Diabetes and hypertension clinic
  - Long-term care facility
  - Indian Health Service clinic
  - Alternate care facility
  - Community pharmacy

- Quality criteria: Patients aged 18-74 years old with diabetes mellitus and/or hypertension
- Medication therapy management (MTM) consultations may provide a feasible method for helping improve patient care.
- Arizona to help manage their chronic disease medication regimens.

Results

Patient Demographics (N= 517)

- 40-49 years: 26
- 50-59 years: 20
- 60-69 years: 37
- 70-74 years: 27
- 75 years and older: 20

Patient Gender and Ethnicity

- 219 : Male
- 295: Female
- Hispanic: 156
- Non-Hispanic: 361

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Results (continued)

Patient Age Range

- 20-29 years: 21
- 30-39 years: 57
- 40-49 years: 128
- 50-59 years: 167
- 60-69 years: 105
- 70-74 years: 27
- 75 years and older: 20

Laboratory Values and Self-Monitoring

- Hemoglobin A1C
- Systolic Blood Pressure
- Fasting Blood Glucose

Medication-related Problems

- 4
- 2
- 1

Conclusion

- These telephonic MTM reviews were a viable option for providing assistance to patients in rural Arizona to help manage their chronic disease medication regimens. Improved patient health outcomes and increased participation in health promotion activities were observed in this population.
- Pharmacist recommendations were often implemented and safety concerns resolved suggesting that MTM consultations may provide a feasible method for helping improve patient care.
- More research is needed to determine whether a program such as this is effective in producing similar results in more diverse populations.

References

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Disclosures:

- The authors have no disclosures to report.

Funding:

- Provided by contract from the Arizona Department of Health Services, and the University of Arizona College of Pharmacy.