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COMMUNITY PHARMACY FOUNDATION
COMPLETED GRANT SYNOPSIS

THE IMPLEMENTATION AND EVALUATION OF MEDICATION RECONCILIATION SERVICES OFFERED BY A 340B CONTRACTED COMMUNITY PHARMACY

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Objectives

- 1) Develop and implement a medication therapy management (MTM) service delivered by pharmacists from a 340B-contracted community pharmacy for federally qualified health center (FQHC) patients.
2) Identify and address drug-related problems during the MTM service.

Methods

Table with 2 columns: Design and Methods. The Methods column contains a detailed list of study procedures, including patient eligibility criteria and identification methods.

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patient interview, ensuring medications and doses were appropriate to create a personal medication list (PML). The pharmacist reviewed/evaluated the medications the patient is currently taking to identify and address drug therapy problems and create a medication action plan (MAP). The patient information, including PML and MAP, was documented in pharmacy's clinical services database. A copy of the PML and MAP was provided to both the patient and the FQHC.

Study endpoints

- Number of participating patients
- Number and type of DRPs identified

Results

- 239 patients were identified as eligible for a CMR
- 69 (28.9%) patients received a CMR
- 126 drug-related problems identified (average of 2 DRPs/patient)
 - 25 (19.8%) underuse of medication
 - 22 (17.5%) needs additional Rx or OTC therapy
 - 17 (13.5%) incorrect administration/technique of medication
 - 8 (6.3%) insufficient dose/duration (ineffective dose/duration)
 - 8 (6.3%) needs immunization
 - 7 (5.6%) cost savings opportunities
 - 6 (4.8%) overuse of medication
 - 6 (4.8%) unnecessary therapy
 - 5 (4.0%) adverse drug reaction
 - 2 (1.6%) suboptimal drug selection
 - 1 (0.8%) drug interaction
 - 19 (15.1%) other (includes BG testing, referrals to other providers, and other non-specific recommendations)

Limitations

- Communication with provider was difficult in regards to:
 - Referring patients to service
 - Communication of recommendations
 - Clarification of medications
- Patient recruitment was difficult due to the following patient barriers:
 - Phone
 - Transportation
 - Interest/understanding of service

Conclusion

Opportunities for collaboration with a community pharmacy and FQHC do exist. MTM services help accelerate the work already being performed by ECHC to improve patient safety, reduce medical errors, and improve the health care system. The most common DRPs identified by the community pharmacist include: 1) underuse of medication 2) needs additional Rx or OTC therapy and 3) incorrect administration/technique of medication. The needs additional Rx or OTC therapy recommendations were mostly related to the diabetes standards of care including recommendation of an additional ACEI/ARB/direct renin inhibitor or aspirin therapy. Both of which the PCP often previously recommended, but the patient failed to initiate. The counseling and recommendations provided by the community pharmacist complemented the care already being provided by the PCP.