Objectives

- At the end of the presentation, the participant will be able to:
  - Describe causes of unintentional medication nonadherence
  - Discuss the implications of utilizing an emergency department for routine health care needs
  - Identify key stakeholders that may be involved in the development of a new clinical service

Background

Medication nonadherence
- Intentional nonadherence
- Unintentional nonadherence
  - Transfer of care
  - Inability to secure an appointment
  - Financial difficulties
  - Increased risk of relapse and rehospitalization

Background

- Emergency Departments as default primary care providers
  - Challenge accessing care or poor outcomes
- Consequence
  - Excessive healthcare utilization
  - Disruptive to patient care workflow
  - Excessive wait times for patients
    - Frustrating
    - May lead to patient leaving without evaluation

Development of a Refill Clinic

- August 2012, Missouri passed a Medication Therapy Services (MTS) act
- Behavioral Health Emergency Department (BHED) identified a need for an alternative care model for routine refill requests
  - Psychiatric pharmacist managed refill clinic was proposed
  - Collaborating physician identified

Development of Refill Clinic

- Setting up the clinic
  - Create refill clinic protocol
    - Eligible medications
    - Monitoring
    - Emergency situations
    - Documentation requirements
  - Establish refill patient eligibility criteria
    - Pt on medications within the last 2 months
    - All prescriptions were verifiable
    - Receiving protocol medications
Development of Refill Clinic

- Next Steps
  - Created a patient flow diagram
  - Created a refill clinic note template
  - Sought support of TMC Pharmacy Department
  - Submitted packet to Medical Staff office for approval of additional credentials

Refill Clinic Patient Flow

The First 6 Months

Baseline Patient Demographics

<table>
<thead>
<tr>
<th></th>
<th>MD group, N= 52</th>
<th>PharmD group, N= 52</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age, yrs</td>
<td>35.9</td>
<td>37.2</td>
</tr>
<tr>
<td>Gender, % male</td>
<td>61.5</td>
<td>59.6</td>
</tr>
<tr>
<td>No insurance, %</td>
<td>59.6</td>
<td>67</td>
</tr>
</tbody>
</table>

Patients Previous Provider

Refill Visit Time by Group

Pharmacist Interventions
Additional Patient Support

• Referral to community mental health center
• Provide list of community resources
• Assist with Patient Assistance Program applications

Conclusions

• Identification of a patient care issue led to creation of a new pharmacist run service
• Key shareholders
  – Collaborating physician
  – Social work staff
  – Department of pharmacy
  – TMC Medical Staff Credentialing

Conclusions

• Patients throughout the Kansas City metropolitan area utilized the refill clinic
• Medications continued or changed based on patient symptomatology or ADRs
• Refill clinic significantly reduced BHED wait times
  – Patient flow though BHED was enhanced
  – Unintentional nonadherence was decreased