

The impact of a pharmacist driven chronic medication management clinic on chronic disease management, cost minimization and patient satisfaction in a rural health system

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BACKGROUND

- Medication non-adherence costs the United States ~\$672 billion and results in 12 million hospitalizations annually¹
- Heart failure (HF) and chronic obstructive pulmonary disease (COPD) readmissions contribute to decreased reimbursement from Medicare and Medicaid²
- ~17% of Kentucky residents live below the poverty line⁴
- Kentucky has the highest prevalence of COPD in the United States and ninth highest in heart disease³
- ~50% of patients are non-adherent to their medications¹
- Pharmacist driven management of chronic medications has the potential to increase adherence rates and lead to better outcomes

OBJECTIVES

Primary Objective: To evaluate the effect of a pharmacist managed chronic care medication management clinic (CCMMC) in regard to impact on hospital readmissions in reference to the disease state for which the patient was enrolled in the clinic

Secondary Objectives: (1) Determine cost savings based on copay patient would have been responsible for outside of clinic, (2) Evaluate the effect of a pharmacist managed CCMMC on overall patient satisfaction and (3) Evaluate the effect on hemoglobin A1c in patients who receive anti-hyperglycemics through the program

METHODS

Design: Single center, observational, prospective study

Performance Site: St. Claire HealthCare, Morehead, Kentucky

Inclusion Criteria: All patients 18 years of age or older who are enrolled in the CCMMC at St. Claire HealthCare from August 1, 2020 to May 31, 2021

Exclusion Criteria: (1) Patients younger than 18 years of age and (2) Patients who do not return for follow-up after their initial visit

RESULTS

Demographics:

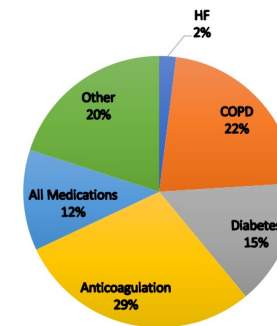
- Ethnicity:** 99.3% Caucasian, 0.7% Hispanic/Latinx
- Sex:** 49.7% Male, 50.3% Female
- Average Age:** 64.1 years old

Primary Endpoints:

- Lack of distribution in to COPD and HF cohorts, in addition to low prevalence of admission secondary to respective exacerbations, make descriptive statistical analysis not feasible at current enrollment

Secondary Endpoints:

Referral Diagnosis Distribution:



HCAHPS Survey Questions for Patient Satisfaction

| | Prior to this appointment, I had a good understanding of the things I was responsible for in managing my health | Prior to this appointment, I clearly understood the purpose for taking each of my medications | After this consultation, I feel that I understand the purpose for taking each of my medications more clearly | After this consultation, I feel confident in making decisions about my own health |
|-----------------|---|---|--|---|
| N=169 responses | | | | |
| Mean | 4.1 | 4.24 | 4.86 | 4.78 |
| Minimum | 1 | 1 | 3 | 2 |
| Maximum | 5 | 5 | 5 | 5 |

RESULTS

| Statistic | Mean | N | Δ | p-value |
|-------------------------------------|----------|-----|-----------|---------|
| Cost obligation prior to enrollment | \$265.62 | 293 | -\$248.23 | <0.001 |
| Patient assistance program cost | \$17.39 | 293 | | |
| A1c baseline | 9.986 | 14 | -1.364 | 0.037 |
| A1c ≥ 3 months post-enrollment | 8.621 | 14 | | |

Statistical significance: p <0.05

CONCLUSIONS AND FUTURE DIRECTIONS

- Prescription cost savings is an achievable goal for an in need population in pharmacist-driven medication management clinics
- Aim of this project is to continue with enrollment and evaluation of readmission data
- Continue to evaluate the effect on clinical outcomes in COPD, HF, and diabetes

DISCLOSURES & ACKNOWLEDGEMENTS

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