

BACKGROUND

- ~548,000 people had a venous thromboembolism in the United States in 2019¹
- For many of those with a pulmonary embolism, the only sign is sudden death
- Populations at the most risk for developing clots are those with acute illness, cancer, immobility, trauma, or fractures²
- Warfarin has been a mainstay anticoagulant therapy for decades
- The therapeutic range for warfarin can be difficult to manage secondary to diet, medications, and co-morbidities
- Providers are left with numerous follow-up visits and in-office testing to ensure that their patients on warfarin remain therapeutic
- Appointment burden can be amplified by provider scarcity in rural areas
- Pharmacist-managed warfarin clinics have emerged as a way to reduce provider burden while maintaining quality of care

OBJECTIVES

Primary Objective: To determine the value of a pharmacist-managed warfarin monitoring program in a rural healthcare setting in regards to impact on provider time burden and patient time in therapeutic range

Secondary Objectives: To determine cost savings for the organization in regards to pharmacist management of patients and management of patients outside of therapeutic range

METHODS

Design: Single center, retrospective study

Performance Site: St. Claire HealthCare, Morehead, KY

Inclusion Criteria: All patients enrolled in the pharmacist-managed outpatient warfarin clinic at St. Claire HealthCare from November 1, 2018 to November 30, 2019 were included for analysis. Patients who did not return for follow-up to clinic after an initial visit were excluded.

RESULTS

Value

- Data analysis demonstrated that pharmacists provided 655 hours of patient care time during the study period
- 77% of those hours were from cardiology clinics whereas the remaining 23% were from primary care clinics
- \$282,390.11 of billable time opened up for other patients
- Revenue collection for the pharmacist-managed warfarin clinic during the study period was \$58,512.67

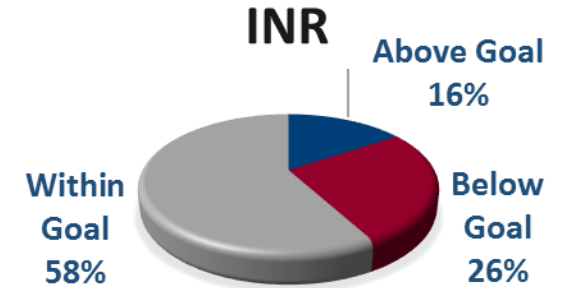
Efficacy

- Point of care International Normalized Ratio (INR) values were within goal range for 57.8% of the recorded collections
- Warfarin is generally considered therapeutic when the patient's INR is within goal range 58% of the time

Safety

- Zero emergency room visits/hospital admissions for the 155 enrolled patients related to thromboembolism or bleeding

RESULTS



* Includes monitoring of newly started warfarin patients

CONCLUSIONS AND FUTURE DIRECTIONS

- Anticoagulation monitoring by trained pharmacists can be considered safe and effective
- Pharmacist-managed warfarin clinics in rural healthcare settings provide a financial benefit to the patient and the health system
- Future investigations comparing efficacy to patients who continue to be monitored in physician offices

DISCLOSURES & ACKNOWLEDGEMENTS

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