Clinical Pharmacy Services in Long-term Care Facilities

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Objectives

- Clinical needs of the elderly population
- Pharmacist activities in LTC
- Drug regimen review (DRR)
- Monitoring criteria
- Communicating clinical interventions and recommendations

Percent of Over 65 Population in Selected Age Group

<table>
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<tr>
<th>Year</th>
<th>65-74</th>
<th>75-84</th>
<th>85 years and over</th>
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<tbody>
<tr>
<td>1995</td>
<td>56.1</td>
<td>32.3</td>
<td>11.6</td>
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<tr>
<td>2010</td>
<td>53.4</td>
<td>30.0</td>
<td>15.5</td>
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<tr>
<td>2020</td>
<td>59.5</td>
<td>27.7</td>
<td>12.8</td>
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<tr>
<td>2030</td>
<td>54.9</td>
<td>32.8</td>
<td>12.4</td>
</tr>
<tr>
<td>2050</td>
<td>46.1</td>
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<tr>
<td>2080</td>
<td>44.6</td>
<td>31.7</td>
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Clinical Needs

- Fastest growing segment of population
- Multiple disease states
- Multiple medications
- Reduced organ reserve capacity
- Greater risk of adverse drug reactions
- Most regulated industry

Pharmacist Activity in LTC

- Drug regimen review (DRR)
- Health Initiative Programs
- Psychoactive drug monitorings
- In-service education
- Quality Assurance Committee Meetings
- Medication pass observation
- Medication storage review
Drug Regimen Review

- Federal indicator for use of “unnecessary drugs”
  - Corresponding diagnosis for each medication
  - Appropriate dose and duration
  - Adverse drug reactions
  - Adequate monitoring
- Identify drug-related problems

Clinical Monitoring

- Drug effectiveness
- Drug utilization
- Adverse drug reactions
- Appropriate laboratory data for monitoring
- Pharmacokinetic dosing
- Psychotropic drug monitoring

Source of Information for DRR

- Residents’ charts
- MAR
- Staff
- Providers
- Residents
- Family/friends of residents
Drug Regimen Review

- Resident specific
- Proactive
- Comprehensive
- Interdisciplinary
- Systematic

Types of Drug Regimen Reviews

- General review
  - review all medications for appropriateness
- Focused review
  - specific disease state or medication therapy

General Drug Regimen Review

- Review problem list
- Review current physician order sheet and telephone orders
- Confirm diagnosis for each medication
- Review laboratory data
- Review progress notes for assessments
- Review MAR for utilization & compliance
General Drug Regimen Review

• Advantages
  – identify all medication related problems
  – screens residents for:
    • appropriate drug use
    • duplication of therapy
    • drug/drug, drug-disease, drug/food interactions
    • adverse drug reactions
  – process-fast

General Drug Regimen Review

• Disadvantages
  – repetitive
  – may not offer detailed review
  – process-oriented instead of focusing on resident care issues

Focused Drug Regimen Review

• Choose disease state or problem
• Review current therapy
• Review therapeutic outcomes
• Identify possible cause of therapy failure
Focused Drug Regimen Review

• Advantages
  – provides variety and challenge
  – enhances knowledge in specific disease or medication therapy
  – outcome-oriented

• Disadvantages
  – time-consuming
  – potentially overlooks other problems

Formulary issues

• Clinical evaluations based on pharmacokinetics, efficacy, safety, toxicity, patient considerations

• Products in a therapeutic class chosen to best serve individual needs of each patient
  – Relative efficacy
  – Relative cost
  – Medication history

Communication of DRR reports

• Present the problem with supporting data
  – data from nurses, medical records
  – concise and brief

• Present recommendations
  – be diplomatic and non-threatening
  – examples of statements:
    • “Perhaps consideration might be given to…”
    • “Please consider…”
    • “If clinically warranted…”
    • “This appears to be a potential problem…”
Communication of DRR Reports

• Be prepared to cite references
• Thank physician for considering recommendations

Clinical Intervention Outcomes

• Terminate unnecessary medications
• Correct drug-related problems
• Simplify dosing regimens
• Provide cost savings
• Add needed medications that were not being used

Health Initiative Programs

• Focus on disease state management
• examples:
  – heart failure
  – atrial fibrillation
  – depression
  – osteoporosis
  – hyperlipidemia
Health Initiative Programs

- Identify “at risk” residents
- Goal:
  - Optimize existing care
  - Identify untreated diseases
  - Decrease total cost of care
  - Increase overall quality of care

In-service Education

- Effective way to impact drug therapy by providing education to nursing and other facility staff
- Topics should be tailored to meet specific needs of the facility
- Keep in-service short, simple, and practical

Quality Assurance Meetings

- Discuss policies and procedures to help ensure resident receives best possible care and gives staff solid direction about how to handle unfamiliar or difficult situations
- Discuss Problems/Trends
- Work with medical director and other disciplinary team members
- Networking opportunities to share drug therapy topics with other members
Medication Storage Review
(Nurse Consultants)
• check treatment cart for date, proper separation of medications, proper labeling
• check refrigerator for proper temperature, outdated medications
• check medication room for any items that should not be stored there
• check E-kit

Medication Pass Audits
(Nurse Consultants)
• right medication, strength, patient, dose, time given
• proper administration of medication (i.e., crushing medications when inappropriate)
• other issues: hand washing, locking medication carts, resident rights

Being a Consultant Pharmacist
• Flexible scheduling
• Variety in schedule
• Personal and professional challenge
Being a Consultant Pharmacist

• Challenges:
  – Problem solving skills
  – Individual/teamwork, call for help
  – Resourceful: journals, published articles, audio and video tapes for continuing education
  – Time management
  – Travel/commute