A pharmacy management intervention for optimizing drug therapy for nursing home patients.

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Abstract

BACKGROUND: A drug therapy management service was designed to reduce polypharmacy among Medicaid recipients. This service selectively focused on patients who were high users of prescription drugs and had potential drug therapy problems (PDTPs).

OBJECTIVES: This article reports the results of the first phase of the North Carolina Polypharmacy Initiative. The goals of this study were to determine: (1) the frequency with which recommendations were made by pharmacists in response to targeted profile alerts aimed at high-risk patients, (2) the frequency and type of drug therapy changes, and (3) the impact on drug-related quality and costs.

METHODS: A before-after design was used. Nursing home patient profiles with PDTP alerts for specific drugs and drug categories were provided to consultant pharmacists. Targeted patients had received 218 prescription fills within 90 days. Pharmacists were compensated for performing and documenting targeted drug regimen reviews. Interventions of pharmacists and results after physician consultation are described, and cost impacts of changes in drug therapy are reported. Monetary results are shown in year-2002 U.S. dollars.

RESULTS: Prescription profiles were generated from Medicaid claims data and sent to consultant pharmacists for 9208 patients in 253 nursing homes. Pharmacists returned 7548 (82%) of all profiles sent to them. After excluding 1204 patients (13%) who were discharged or deceased, 6344 patients (69%) remained for analysis. At baseline, patients used a mean (SD) of 9.52 prescriptions per month, costing the North Carolina Medicaid program a mean (SD) of 502.96 dollars (309.70). A mean of 1.58 recommendations were offered to prescribers. After physician consultation, > or =1 recommendation was implemented for 72% of patients with a change recommendation, 68% of whom experienced a switch to a lower-cost drug. Drug cost savings were a mean of 30.33 dollars/patient per month. Cost savings from 1 month alone covered the compensation paid to pharmacists for consultation efforts.

CONCLUSIONS: This supplemental program of medication reviews for targeted nursing home patients resulted in a reduction of polypharmacy and was beneficial based solely on drug cost savings.

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