



**COMMUNITY PHARMACY FOUNDATION**  
COMPLETED GRANT SYNOPSIS

**THE IMPLEMENTATION AND EVALUATION OF MEDICATION  
RECONCILIATION SERVICES OFFERED BY A 340B CONTRACTED  
COMMUNITY PHARMACY**

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<b>Objectives</b>	
1) Develop and implement a medication therapy management (MTM) service delivered by pharmacists from a 340B-contracted community pharmacy for federally qualified health center (FQHC) patients. 2) Identify and address drug-related problems during the MTM service.	
<b>Methods</b>	
Design	<ul style="list-style-type: none"> <li>• The community pharmacy met regularly with FQHC’s site coordinator, physicians, nurse practitioners, nurses, pharmacists and medical assistants to discuss the program, including information on the goals of the program, a description of the service provided, target patients, how to refer the patient, and how follow up communication will occur.</li> <li>• Once the service was implemented, the team met at least every 3-6 months to review and make any modifications if necessary.</li> <li>• Patients eligible for the service must meet ALL of the following criteria:               <ul style="list-style-type: none"> <li>- Patient must be an established ECHC patient of one the collaborating FQHC providers:</li> <li>- Patient must be 18 years of age and older</li> <li>- Patient must be English-speaking (due to complexity of patient and lack of translation services available at the community pharmacy during time of the study)</li> </ul> </li> <li>• Patients eligible for the service must also meet ONE OR MORE of the following criteria:               <ul style="list-style-type: none"> <li>- Taking Coumadin (warfarin)</li> <li>- Diabetic</li> <li>- Taking 3 or more antihypertensive medications</li> <li>- Taking 5 or more chronic medications</li> <li>- Has 3 or more chronic conditions</li> </ul> </li> <li>• Patients were identified by one of the more of the following methods:               <ul style="list-style-type: none"> <li>- Identification by community pharmacist.</li> <li>- Identification by the FQHC pharmacist by electronic chart review and flagging of patient’s record so that the PCP can make the decision to refer the patient at his/her next medical visit.</li> <li>- Identification by PCP during patient’s medical visit.</li> </ul> </li> <li>• The community pharmacy contacted the identified patients to offer a comprehensive medication review (CMR). During the CMR, the community pharmacist reconciled all medication information from the medical record or summary (if provided by the FQHC and/or patient) and</li> </ul>

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	<p>patient interview, ensuring medications and doses were appropriate to create a personal medication list (PML). The pharmacist reviewed/evaluated the medications the patient is currently taking to identify and address drug therapy problems and create a medication action plan (MAP). The patient information, including PML and MAP, was documented in pharmacy's clinical services database. A copy of the PML and MAP was provided to both the patient and the FQHC.</p>
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Study endpoints	<ul style="list-style-type: none"> <li>• Number of participating patients</li> <li>• Number and type of DRPs identified</li> </ul>
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<b>Results</b>	
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- 239 patients were identified as eligible for a CMR
- 69 (28.9%) patients received a CMR
- 126 drug-related problems identified (average of 2 DRPs/patient)
  - 25 (19.8%) underuse of medication
  - 22 (17.5%) needs additional Rx or OTC therapy
  - 17 (13.5%) incorrect administration/technique of medication
  - 8 (6.3%) insufficient dose/duration (ineffective dose/duration)
  - 8 (6.3%) needs immunization
  - 7 (5.6%) cost savings opportunities
  - 6 (4.8%) overuse of medication
  - 6 (4.8%) unnecessary therapy
  - 5 (4.0%) adverse drug reaction
  - 2 (1.6%) suboptimal drug selection
  - 1 (0.8%) drug interaction
  - 19 (15.1%) other (includes BG testing, referrals to other providers, and other non-specific recommendations)

Limitations

- Communication with provider was difficult in regards to:
  - Referring patients to service
  - Communication of recommendations
  - Clarification of medications
- Patient recruitment was difficult due to the following patient barriers:
  - Phone
  - Transportation
  - Interest/understanding of service

<b>Conclusion</b>	
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Opportunities for collaboration with a community pharmacy and FQHC do exist. MTM services help accelerate the work already being performed by ECHC to improve patient safety, reduce medical errors, and improve the health care system. The most common DRPs identified by the community pharmacist include: 1) underuse of medication 2) needs additional Rx or OTC therapy and 3) incorrect administration/technique of medication. The needs additional Rx or OTC therapy recommendations were mostly related to the diabetes standards of care including recommendation of an additional ACEI/ARB/direct renin inhibitor or aspirin therapy. Both of which the PCP often previously recommended, but the patient failed to initiate. The counseling and recommendations provided by the community pharmacist complemented the care already being provided by the PCP.