Community Outreach Program on Medication Management (COPMM) 社區外展藥物管理服務

Hong Kong Pharmaceutical Care Foundation (香港藥學服務基金)

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Background

*Polypharmacy was prevalent in geriatric patients at rates of *Regular use of at least 5 medication



Overall prevalence of Drug non-adherence reported in a local elder study was



Hospitalization period was significantly extended



for patients with polypharmacy as compared to those without. (Fukuba et al., 2020)





Difficulties of the elderly in the Domestic Setting

ATTAL MATTAL

Elderly drug problems

Storage problem



Complex regimen



Polypharmacy



Non-compliance



Objective





To Improve Drug Compliance

To Increase Drug Knowledge

To Increase Confidence Level on Self Management



To Reduce Hospital Service Utilization and Adverse Drug Reaction

How will these elderlies be identified



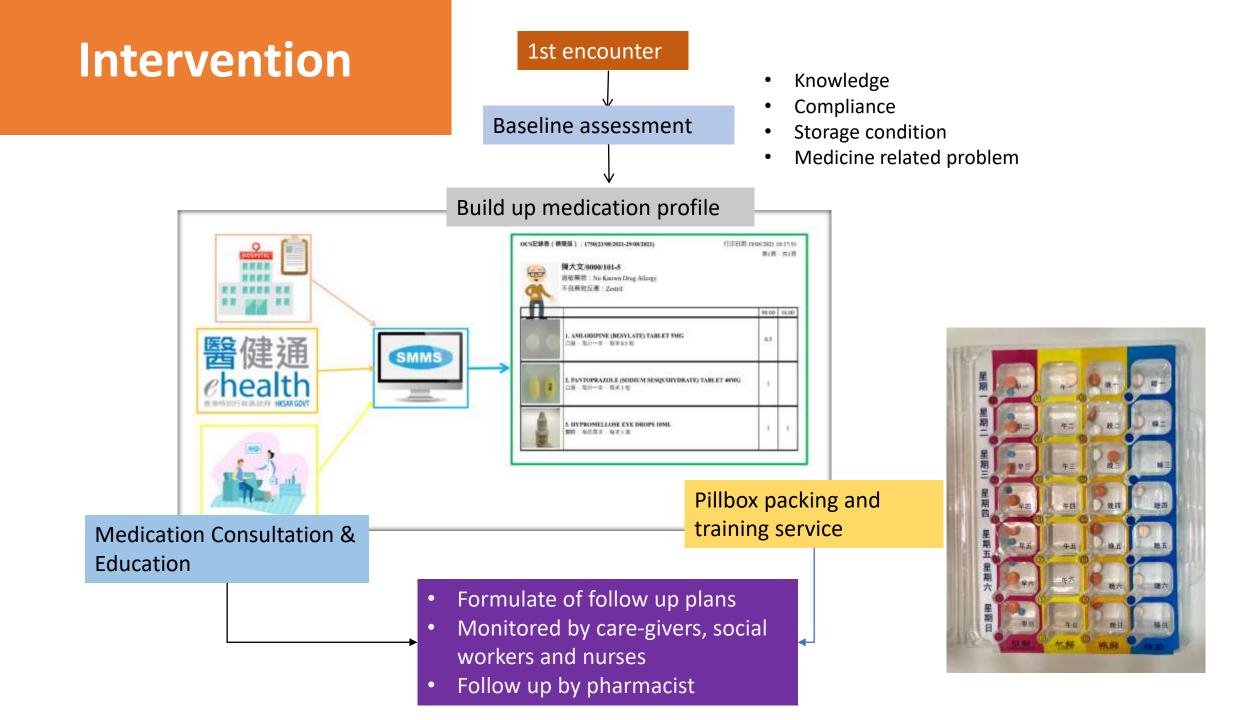
*Self-approach/ By referral (from Hospitals/ DECC/NEC)

Inclusion criteria

- 1. Community dwelling elderly aged 60 or above
- Polypharmacy (≥5 types of chronic medications)
- 3. Patient with poor compliance
- 4. Elderlies who can be trained on the medication management or have support from care givers or family members who can pick up the knowledge and skills on medication management

Exclusion criteria

- 1. Elderlies undergoing close regimen titration and monitoring
- 2. Elderlies living in elderly home or RCHEs with caregivers
- 3. Communication difficulties or incapable to attend follow-up sections



Pharmacist Patient Assessment Form

Pharmacist Name: COPMM no.:

Patient Name	Pa	tient	Name:
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Age:

Gender:

Contact number:

Address:

HKID:

Medical	edical Source				Indication		Dosing	
History	eHR	Other			Date	Date	Date	Date
			Medication Name	Directions				
					Initial	F/U	Initial	F/U
					visit		visit	
Allergies +ADR	s/Rxn							
OTC Meds								
Complementa	ry Meo	ls						

Missed doses: _____ month Living alone/Only Elderly/Others Self management/Family helps/Requires help Correct management of missed dose: Yes/No Using a pack Yes/No/Not required Pill cutter/crusher Yes/No/Not required Difficulty swallowing Yes/No Keeping old meds (from before F/U) Yes/No Expired medicines identificationYes/NoCorrect storage of medicinesYes/NoLabel keptYes/No

OCS記錄表(精簡版):4660(04/01/2022-10/01/2022)

^{沒有圖片} **dummy/12345/-**過敏藥物: No Known Drug Allergy

		08:00	09:00	18:00
•	1. AMLODIPINE (BESYLATE) TABLET 5MG 口服,每日一次,每次1粒		1	
MET	2. METFORMIN HCL TABLET 500MG 口服,每日兩次,每次1粒	1		1
00	3. ATORVASTATIN (CALCIUM) TABLET 10MG 口服,每日一次,每次1粒			1

Service features

- Customized dosing schedule that suit patient's daily habits
- Communicate with other health-care professionals to optimize the care plan for the individual patient.
- Assess and train patient about the correct medication device technique (e.g. inhaler, spacer, sublingual tablets, etc.)

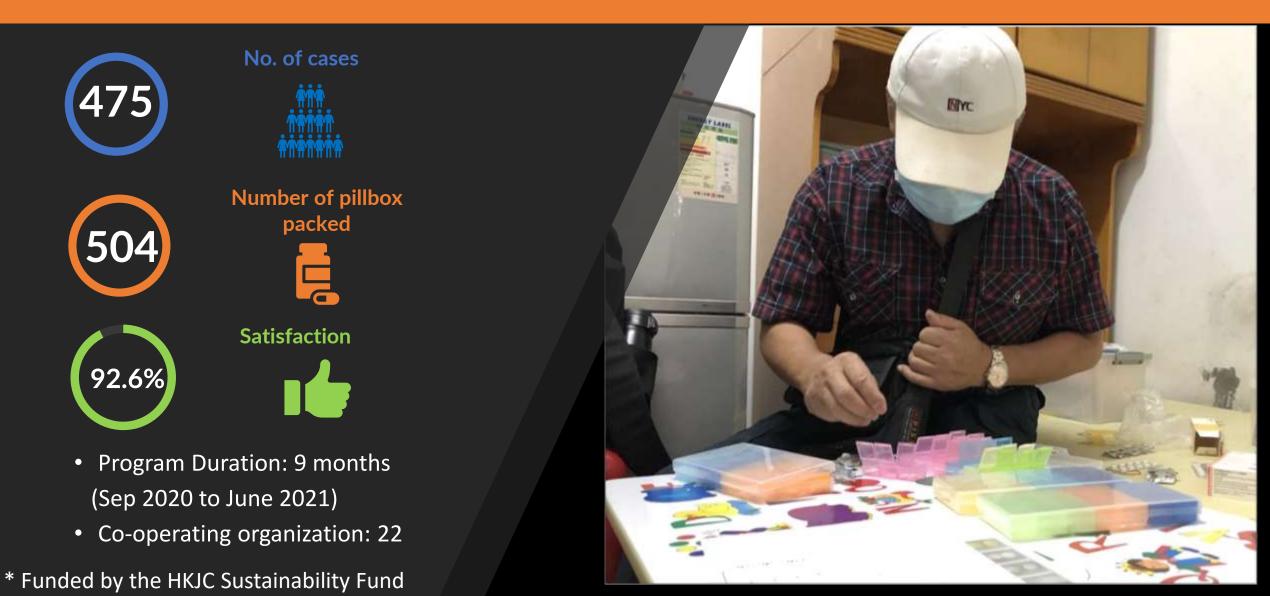
- Medication reconciliation & medical record review.
- Using Information and Technology support
- Reduce risk of medication errors (Duplicate prescription and Drug interactions)
- Identify potential adverse drug reactions, drug interactions & red flag symptoms.

Tele-consultation



- ✓ Promote the acceptance for both health care professionals and patients of innovative ways for consultation.
- ✓ Reduce risk of exposure to contagious environment.
- ✓Time efficient
- ✓Convenient

Outcome



Ultimate Goals

- ✓ Individual assessment
- ✓ Personalized medication counselling
- ✓ Pharmacist referral



- Psycho and social needs assessments
- ✓ Personalized assistance service
- Help to source supportive necessities

Future implications



Synergy

- Strengthen the medical-social collaboration
- Promote the co-operation of multidisciplinary team



Effectiveness

- The overall ability in drug management, there is a trend of improvement
- Meet the service gap from hospitals to community



Further development

- Raise awareness of public regarding the importance of drug management
- Accessible medication record for patient and for healthcare professionals (e.g. e-HR, HA GO) also minimized the barrier of accessing these data
- More access points for patient consultation service

Limitations

Limitations

• Extremely low response rate of questionnaire:

- Eye and hearing problems
- ➤ Illiteracy
- > Incomplete questionnaire
- Insufficient and irrelevant information
- Loss to follow up
 - > Covid (Suspected home visit cases)
 - ➢ Out of reach
 - ➢ No need to follow up

"What Our Service Users Are Sayimg"

藥盒服務真的很有用,可以**提醒我幾時** 用藥、還可以幫我**睇番自己有沒有食到** 上一劑。

The pillbox service is really useful. This can help **remind me when to take medicines** and **check whether I have already taken the last dose**.

藥劑師幫忙編排藥物清單及用藥 時間。令我們上一見到今次見面 時都未有試過唔記得食藥! The pharmacists helped us construct the medication list and timetable. With this I haven't missed a single dose since we've last met. 我和家人現在比較方便好多,因為有了程序。 變相服藥時沒有那麼複雜。 跟藥劑師聊天過程中,也可感受到關懷。 Me and my family are much convenient to handle the medicine now. As the medication is much simplified with the instruction of the pharmacist. We also feel the warmth and being cared during the chat with the pharmacists.

Social Implications







Thank You!