

# TELEPHARMACY PROGRAM IN CHRONIC NEUROLOGICAL PATIENTS DURING THE COVID PANDEMIC

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## WHAT WAS DONE?

During the health alert caused by Covid-19, home-delivery was quickly implemented in our country to reduce attendance at the Hospital Pharmacy Service (HPS) to obtain their medications. In our HPS we transform home delivery into telepharmacy program (TP) with chronic neurological patients, who suffering pathologies that decrease their autonomy, in order to optimize clinical outcomes and reduce the risk of contagion.

## WHY WAS DONE?

The main purpose was to design a TP understood as the provision of pharmaceutical care by pharmacists through the use of telecommunications to patients located at a distance. Telepharmacy services include patient follow-up and clinical service delivery. In our case, home-delivery is also included.

## HOW IT WAS DONE?

We design the TP stratifying stable chronic patients (more than 6 months of treatment) by level of autonomy, physical distance to our Hospital or high risk (due to immunosuppressive treatment). Inclusion in the TP was proposed to patients with multiple sclerosis (MS) and aminotrophic lateral sclerosis (ALS). Telepharmacy appointments were recorded and scheduled within the outpatient care activity, they were recorded in the patient's medical history, as a pharmaceutical clinical follow-up, reviewing adherence, interactions and possible adverse events. Later, home delivery was made, through an external logistics company. Patients gave their consent to transfer personal data for home delivery. Data collected were: sex and age, first or second line treatment in MS patients, pharmaceutical form (pills or syrup) in ALS patients and number of total deliveries made.

## WHAT WAS ACHIEVED?

We started on April 2020 with the program, six months later 56 patients were included, 48 with MS (total of MS patients attended by our HPS: 296) and 8 with ALS (total of ALS patient attended by our HPS: 58). Median age: 45 years in MS group and 65 in ALS group. In MS group 37 patients received 1st line treatment and 10 second line. In ALS patients, 6 received tablets and 2 syrup. 420 deliveries took place (average:3,1 for patient).

## WHAT IS NEXT

The implementation of the TP was well accepted, avoiding longed displacement in patients with neurological pathologies. Our future target is to reach a greater number of patients that can be included in the program