IMPLEMENTATION OF A SAFETY AND HEALTH PROGRAM FOR THE MANAGEMENT OF PATIENTS WITH HEPATITIS C IN TREATMENT WITH DIRECT-ACTING ANTIVIRAL AGENTS


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WHAT WAS DONE?

We have developed a pharmaceutical care program.

1. The following protocols were defined:
   - A case selection and treatment guideline
   - A protocol for the management of clinically relevant drug interactions
   - A protocol with recommended dosages and administration techniques
   - A protocol for the management of adverse drug events
   - A protocol about clinical interview in order to ensure patient literacy
   - Patients information leaflets

2. The Pharmacy Department was provided with:
   - 3 Full-Time Pharmacists
   - 2 New patient information offices in the Outpatient Unit
   - A Queue Management System

3. Appointment scheduling: Pharmacy visits are scheduled after the Hepatologist/Infectious disease specialist appointments every 28 days.

4. The clinical interviews are documented in the electronic health record.

WHY WAS IT DONE?

Chronic hepatitis C (CHC) affects approximately 3% of the world’s population. The development of well-tolerated and effective Direct-Acting Antiviral Agents (AADs) has changed the therapeutic landscape. These therapies have a high efficacy with a good safety profile. Numerous challenges in terms of patient education, monitoring, medication errors, drug interactions and adherence exist. Our National Health System launched in April-2015 a Plan for a proper CHC management, establishing measures to optimize the AADs use.

HOW WAS IT DONE?

A multidisciplinary team was formed with:
- 3 clinical pharmacists,
- 2 hepatologists,
- 1 infectious disease specialist
- 1 nurse

A Queue Management System

Address the key points associated with the safe and efficient use of AADs and to create a useful clinical guideline.

Identify staffing, logistics and management needs for its implementation.

WHAT HAS BEEN ACHIEVED?

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>No. patients included in the program</td>
<td>674</td>
</tr>
<tr>
<td>No. initial visits</td>
<td>674</td>
</tr>
<tr>
<td>No. follow-up visits</td>
<td>1,750</td>
</tr>
<tr>
<td>No. patients attended/day</td>
<td>19,9</td>
</tr>
<tr>
<td>No. (%) adherent patients</td>
<td>412/412 (100%)</td>
</tr>
<tr>
<td>No. pharmacist interventions</td>
<td>195</td>
</tr>
<tr>
<td>No. (%) pharmacist interventions accepted</td>
<td>194 (99%)</td>
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<tr>
<td>Average waiting time to be attended</td>
<td>15'</td>
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<tr>
<td>No. queries made to hospital pharmacist</td>
<td>84</td>
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<tr>
<td>No. Adverse Drug Events reported to the Pharmacovigilance Centre</td>
<td>31</td>
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<tr>
<td>Cost savings(€)</td>
<td>121,194</td>
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WHAT NEXT?

- This initiative provides a set of recommendations regarding CHC management and a support guide to standardize and guarantee a quality pharmaceutical care.
- The next step is to develop programs for the management of other pathologies following the same methodology that we have used for this initiative.

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