DEVELOPMENT OF RHEUMATOLOGY SHARED CARE GUIDELINES: IMPROVING TRANSITIONAL CARE

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OBJECTIVES

• To design a template for the Maltese Rheumatology Shared Care Guidelines (MRSCGs).
• To compile and validate MRSCGs for drugs commonly used in rheumatology with the intention of incorporating intervention guidelines for community pharmacists.
• To enhance communication between:
  1. Rheumatology consultants and general practitioners.
  2. Pharmacists working within hospital and community.
  3. All healthcare professionals involved in Shared Care and patient.
• To present the guidelines to the Pharmacy and Therapeutics Committee at Mater Dei Hospital.
• To disseminate the MRSCGs for use within the clinical scenario with the intention of initiating a Shared Care Model in the treatment of rheumatic conditions.

METHOD

Phase 1
List of Rheumatology drugs necessitating the development of MRSCGs (Table 1)

Phase 2
Compilation of already existing Shared Care Guidelines, Protocols, Agreements

Phase 4
Quantitative data collection through dissemination of questionnaire to expert panel (n=10)

Phase 3
Development of Infliximab, Methotrexate, Hydroxychloroquine, and Azathioprine MRSCGs

Phase 5
Development of Etanercept and Leflunomide MRSCGs based on recommended amendments by expert panel

Phase 6
Qualitative data collection through 3 semi-structured interviews

RESULTS

The MRSCGs consist of 3 main sections:

Section A: Outlines the pharmacological background of the drug, indications, dosage and administration.

Section B: Defines the associated responsibilities of the medical rheumatology team, general practitioner (GP), community pharmacist, and the patient.

Section C: Consists of appendices for clinical particulars, monitoring and dosage worksheets, and referral checklists including Shared Care request form, GP confirmation of acceptance, and Pharmaceutical Care Documentation Sheet.

DISCUSSION

Patients suffering from rheumatic conditions are prescribed biological agents and disease modifying anti-rheumatic drugs which are sometimes administered in complex dosage regimens(1). To address this, a Pharmacist Intervention Checklist was included in Section C of the guidelines in order to incorporate the community pharmacist in the management and monitoring of rheumatic patients. The internationally available SCGs do not provide for the responsibilities of a community pharmacist including guidelines for intervention upon dispensing.

CONCLUSION

The MRSCGs will be subjected for sanctioning within the clinical scenario through the Pharmacy and Therapeutics (P&T) Committee at Mater Dei Hospital. Willingness of healthcare professionals to participate in Shared Care and patient’s adherence to treatment and commitment will determine the effectiveness of the guidelines.

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References