

DEVELOPMENT OF RHEUMATOLOGY SHARED CARE GUIDELINES: IMPROVING TRANSITIONAL CARE

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Abstract number: PS-078

ATC code: M01 - Antiinflammatory and Antirheumatic products



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

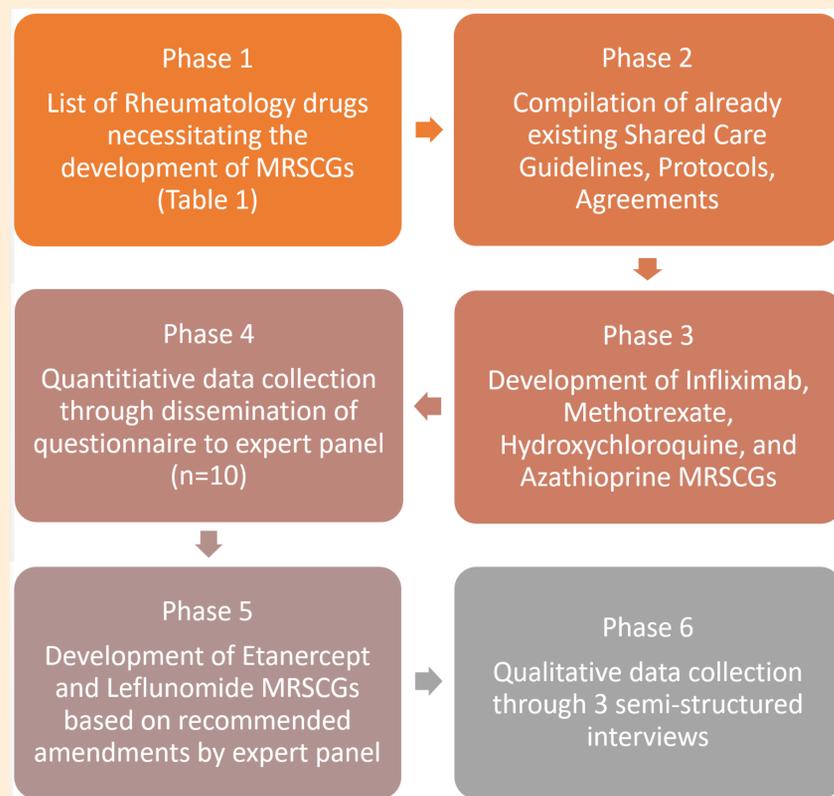


Figure 1: Stages followed in the study

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.

All members of the expert panel (n=10) agreed that:

- i. Community pharmacist who is dispensing the rheumatology medications is part of the extended healthcare team.
- ii. Communication with community pharmacists needs to be improved and this was addressed through the design of a Shared Care Details Sheet.
- iii. The guidelines are an innovative tool and agreed that if these are available, they would participate in shared care.

Expert panel suggested that a Fast Track Referral Form to refer patient back to medical consultant should be designed.

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.

Table 1: List of Rheumatology drugs necessitating the development of MRSCGs

Infliximab	Methotrexate
Hydroxychloroquine	Azathioprine
Etanercept	Leflunomide

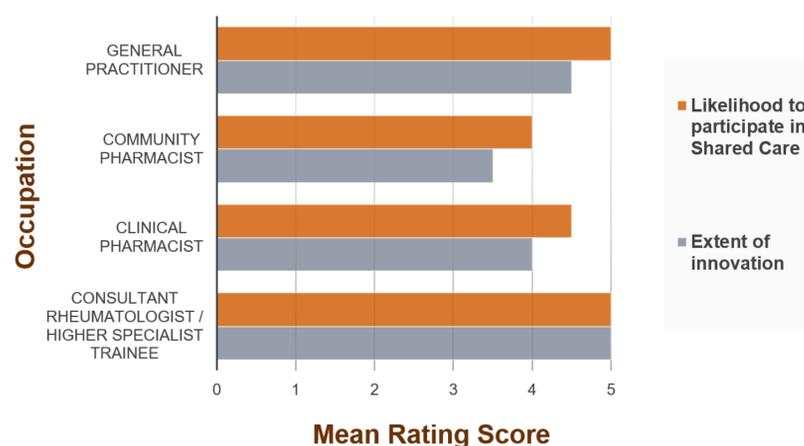


Figure 2: Expert panel's views on extent of innovation of the MRSCGs and likelihood to participate in shared care

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.

Acknowledgement(s)

Thanks to the expert panel and interviewees who were involved in this study and the academic staff at the Department of Pharmacy for their participation and support.

References

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