

# A NEW MULTIDISCIPLINARY MODEL WITH THE CLINICAL PHARMACIST FOR MEDICATION RECONCILIATION IN THE PATIENT WITH ADVANCED RENAL DISEASE

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ATC code: L04

Immunosuppressive agents



## Background

Most of the patients with advanced chronic kidney disease (ACKD) are fragile due to multimorbidity and associated polypharmacy. Polypharmacy and potentially inappropriate prescribing are common problems that impact both on patient compliance and on drugs cost for the National Health System (NHS). For therapy with high pill-burden medication reconciliation (MR), supported by Information and Communication Technology's (ICT) instrument, is one of the most effective tools in preventing over/under/mis-prescription and drug interaction (DI), and the clinical pharmacist is the suitable figure to support the clinician for promoting the appropriateness of therapies in the transition of care.



## Purpose

Estimate compliance and the economic impact of a multidisciplinary clinical-pharmacist-led MR process in patients with ACKD.

## Methods

Selection and implementation of ICT tool

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Identification of mistaken prescription with indicators of appropriateness (START/STOPP and Beers criteria)

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Proposal and evaluation of new therapies with the nephrologist

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Estimation of therapies costs pre- and post-MR

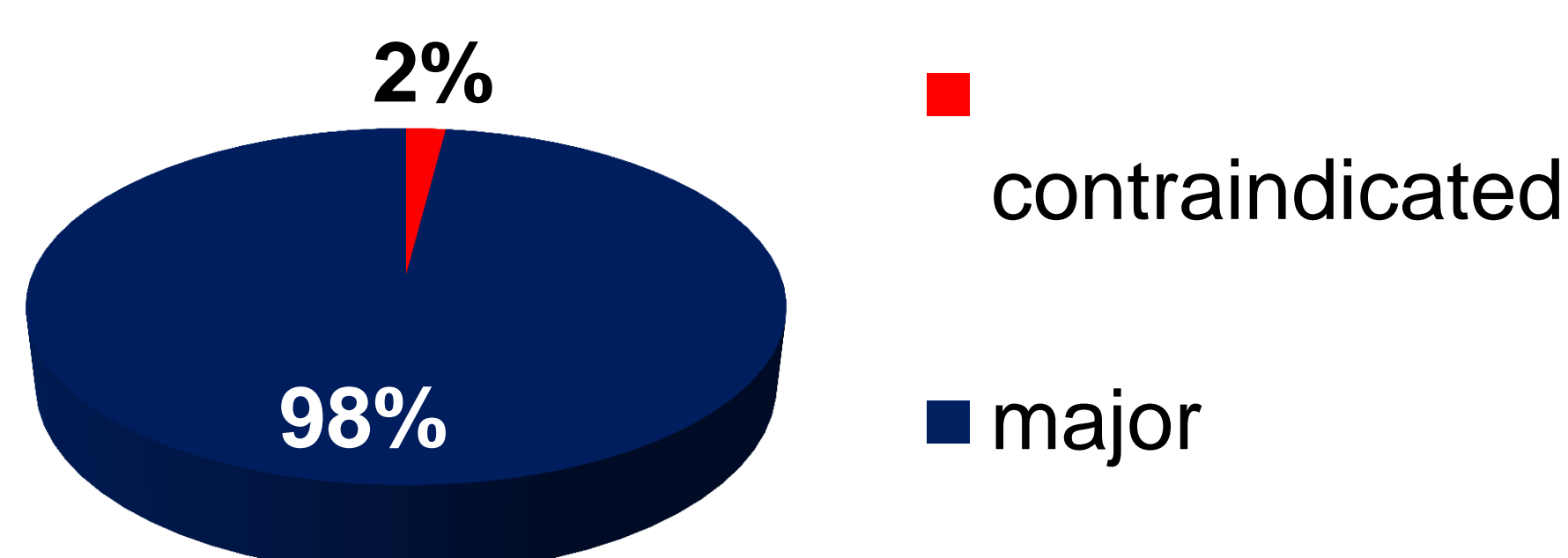
## Results

The identified ICT tool was the acknowledged platform NavFarma Suite®

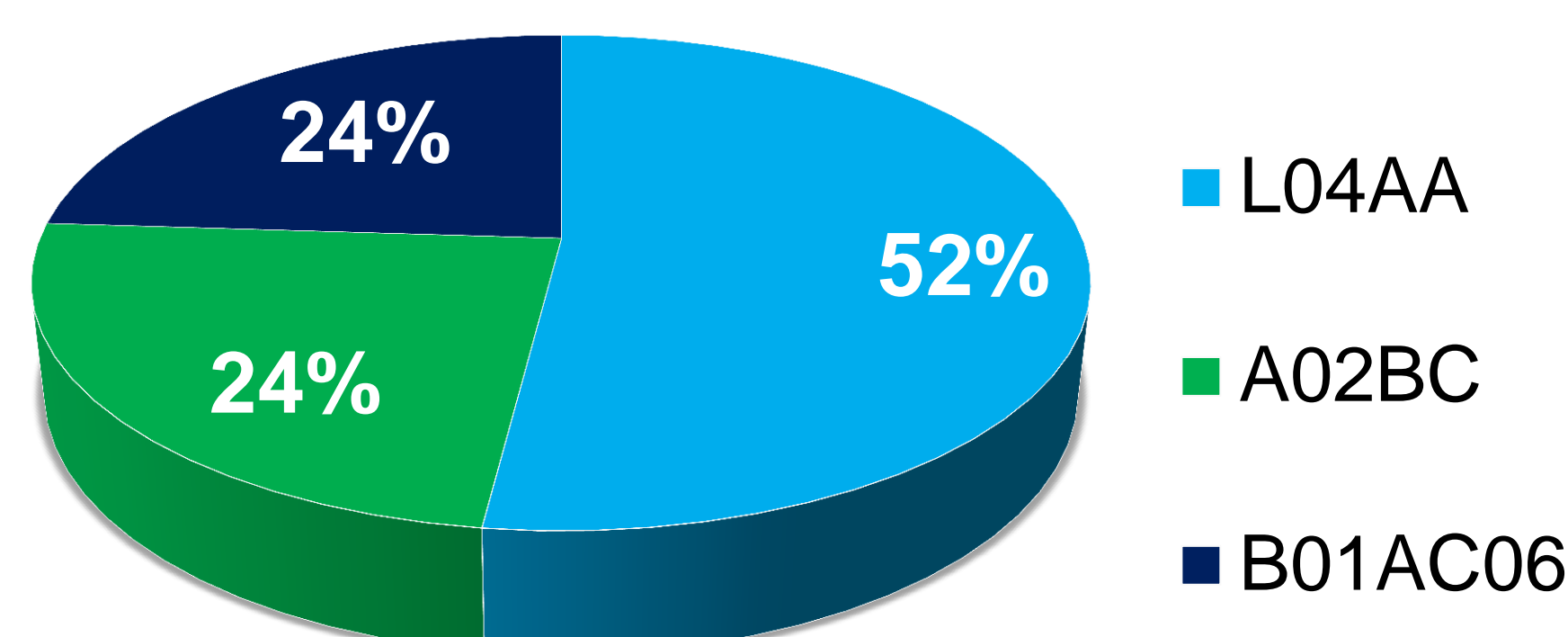
MR was conducted in 92 patients

The clinical pharmacist identified 265 DI

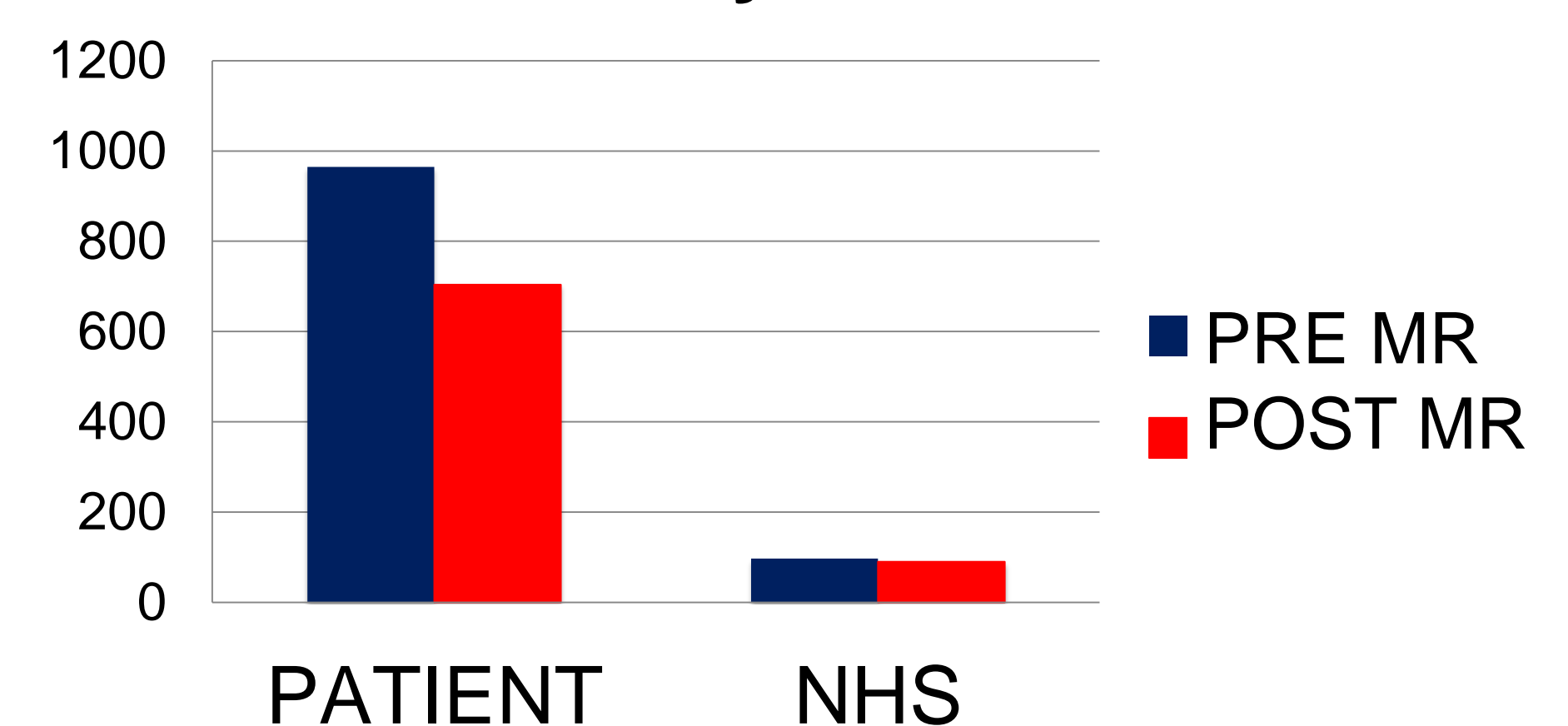
### Severity rating of DI



### DI by ATC classification



### Cost analysis



Cost analysis: the average cost of a single treatment for the patient was € 704 charged to the NHS and € 102 charged to the patient. The MR allowed a cost reduction of 4% for the NHS and of 37% for the patient

The level of evidence for DI was equal to 52% excellent, 16% good and 32% discrete. 3.75% of therapies analysed were considered inappropriate

## Discussions and Conclusions

The project demonstrates that MR is one of the most appropriate methodologies to correct prescription errors, improve patient compliance and carry out a more effective model for pharmaceutical expenditure management. Technology and multidisciplinary summarises suitably the innovation of the proposed model, in which a new figure, the clinical pharmacist, integrates the medical and nursing team by bringing his contribution in terms of pharmacological and pharmacokinetic knowledge as well as stimulates the critical evaluation of the therapeutic choices and of the data processed through the use of an accurate ICT tool.

