Evaluation of Drug Therapy Problem Follow Up in a Statewide Care Management Program

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Background: As part of a statewide primary care case management program in North Carolina, patients receive medication management and/or intensive care management. Medication management activities such as collection and documentation of medication lists and identification of adherence issues are performed by pharmacy technicians and social work care managers, while nurse care managers additionally perform medication reconciliation. Pharmacists based in a variety of care settings perform comprehensive medication reviews. All staff participating in medication management can identify and resolve drug therapy problems (DTPs) within their scope of practice.

Objective: The primary objective of this study is to evaluate follow up documentation on DTPs identified during medication management. The secondary objective is to evaluate whether follow up documentation and closure of DTPs differs by type of DTP, setting in which the DTP was identified, or by the credentials of the person who identified it.

Methods: This retrospective cohort study will be conducted utilizing DTPs documented from March 1, 2015, to August 31, 2015. DTPs will be collected from a web-based medication management platform and classified as one of the following: 1) adherence issues, 2) medication list discrepancies or 3) medication optimization opportunities. Characteristics of each documented DTP, such as the credentials and setting of the person who documented it, whether multiple DTPs were identified for the same patient, and days to follow-up and resolution were gathered. Results will be analyzed using descriptive statistics.

Results: A total of 135,100 DTPs were documented between March 1, 2015, to August 31, 2015 with 55% (n=74,360) occurring in the transitional care setting and 45% (n=60,740) occurring in the non-transitional care setting. Overall, 49% of DTPs were resolved within 90 days of original documentation. About one-half of documented DTPs have a closed status regarding follow-up and closure, while approximately one-fifth of DTPs are pending and one-third have an unknown status. The total number of days to follow-up and resolution for closed DTPs (n=52,458) averaged 18.2±40.6 with a range of 0-346 days. When broken down by category, the total number of days to follow-up and resolution for documented DTPs averaged 19.2±42.7 for adherence issues, 14.4±34.0 for medication list discrepancies, and 24.9±47.7 for medication optimization DTPs.

Conclusion: Only 49% of DTPs were resolved within 90 days of original documentation. One limitation of this study is that a 90 day window to assess follow up documentation may not be long enough, especially considering that some DTP types require the patient to be seen by their provider in order for resolution to occur. Approximately one-third of DTPs have an unknown status regarding follow-up and closure. This could be an opportunity to re-enforce the importance of updating DTP status and following up with the provider if a response is not received to medication management communications. Future research is warranted to define current steps being taken to follow-up and close a documented DTP and determine the capacity to provide such services.