

An Effective and Sustainable Telehealth Cardiology Pharmacist Clinic at a Regional Hospital

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The problem

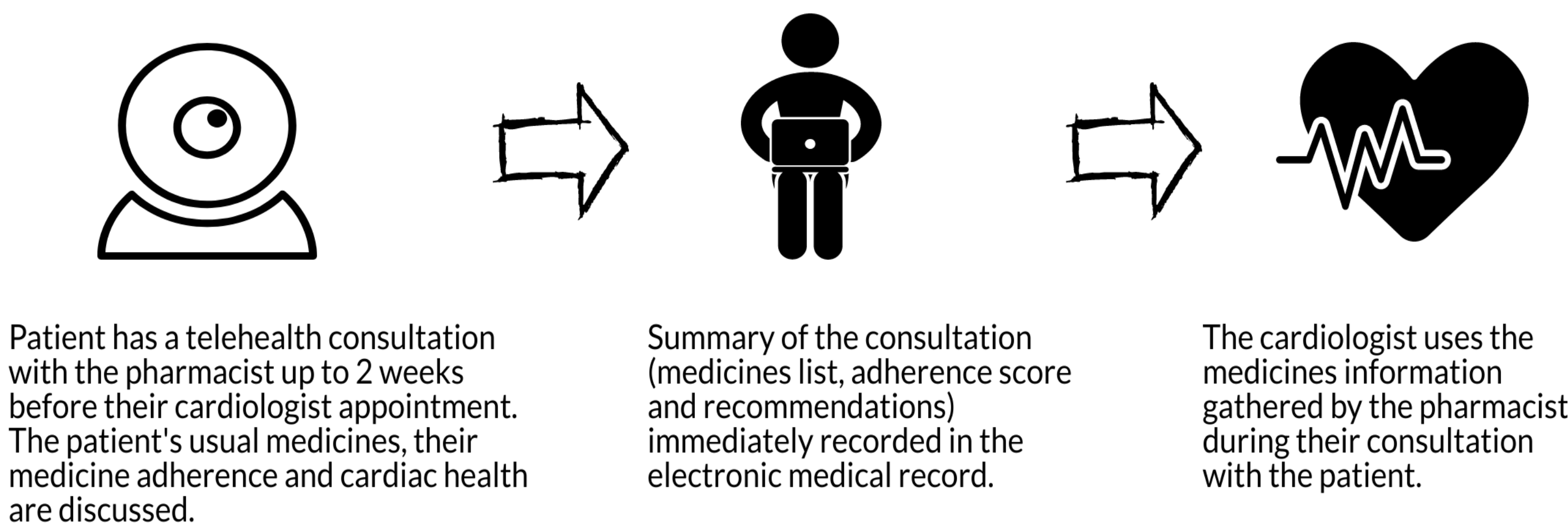
Incomplete medicine histories in cardiology specialist outpatient clinic appointments leads to:

- delayed decisions on patient care
- longer appointments
- additional appointments

'A lot of cardiology is making sure people are on the right medications so it is very frustrating. It almost makes the clinic appointment useless if we don't have that information' [Clinician B]

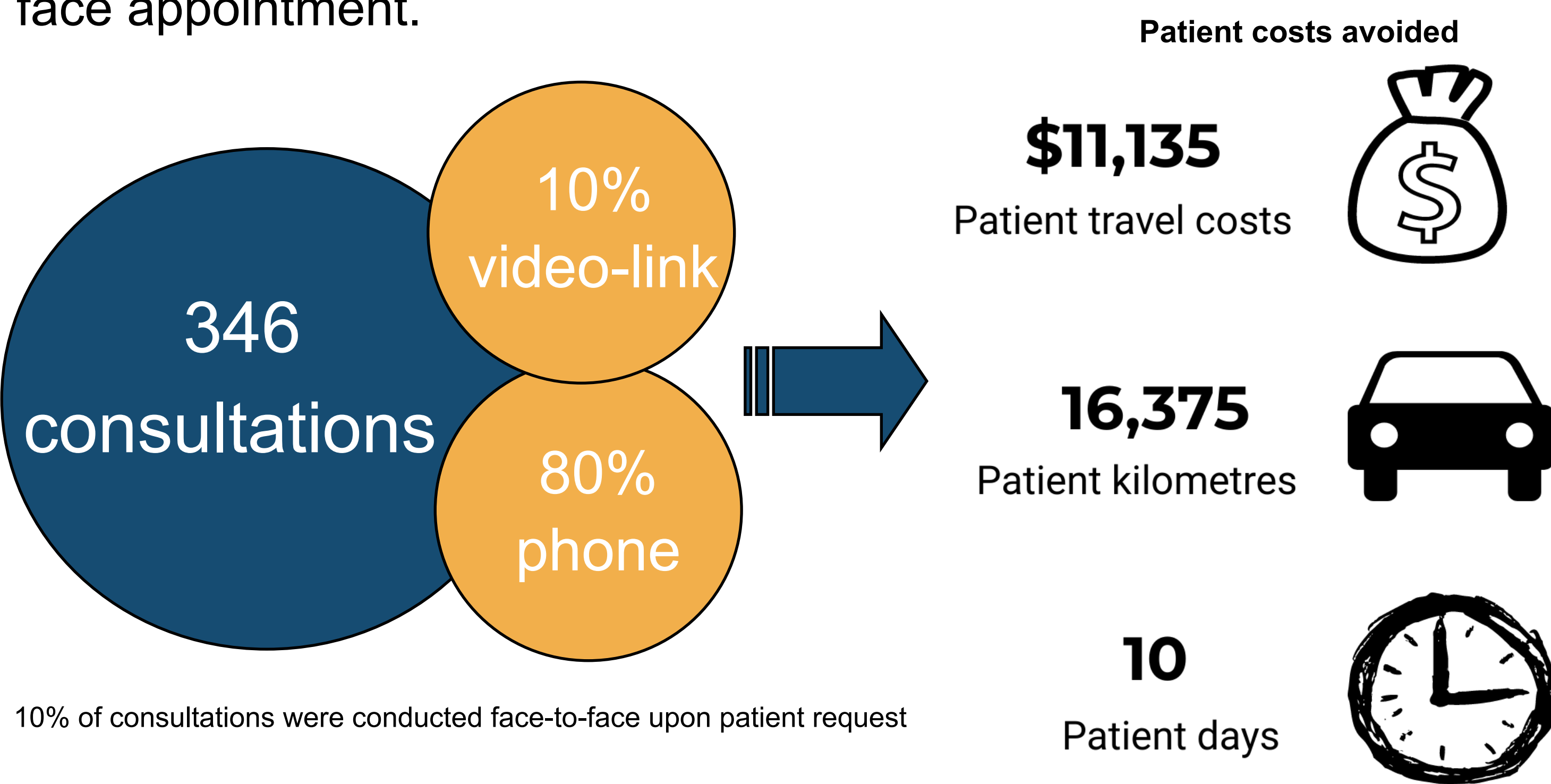
Approaching the problem

A new **model of care** was developed to support the cardiology clinics and improve the patient experience. Called the telehealth cardiology pharmacist clinic, the consultation includes a complete medication history, medication education, adherence assessment and a cardiac health check using evidence-based tools and occurs up to two weeks before the patient's cardiologist appointment.



Service statistics

From March to October 2019, the telehealth cardiology pharmacist clinic undertook 346 consultations. **Patient travel costs** were avoided by using telehealth as the mode of delivery compared to a face to face appointment.



Patient acceptance

One hundred patients (68% response rate) were contacted to provide **feedback** on their experience with the cardiology pharmacist clinic.

Question	Agree or strongly agree
I am satisfied by the consultation provided by the pharmacist	100% (100/100)
I feel more confident about how to manage my medicines	83% (80/97)
I feel more confident discussing my medicines with my heart specialist	84% (81/96)
I would be happy to have another telehealth appointment again [^]	99% (95/96)

[^]Patients who undertook a face-to-face appointment were not asked this question.

'It gave the doctor more time to explain other things to me' [Patient 45]

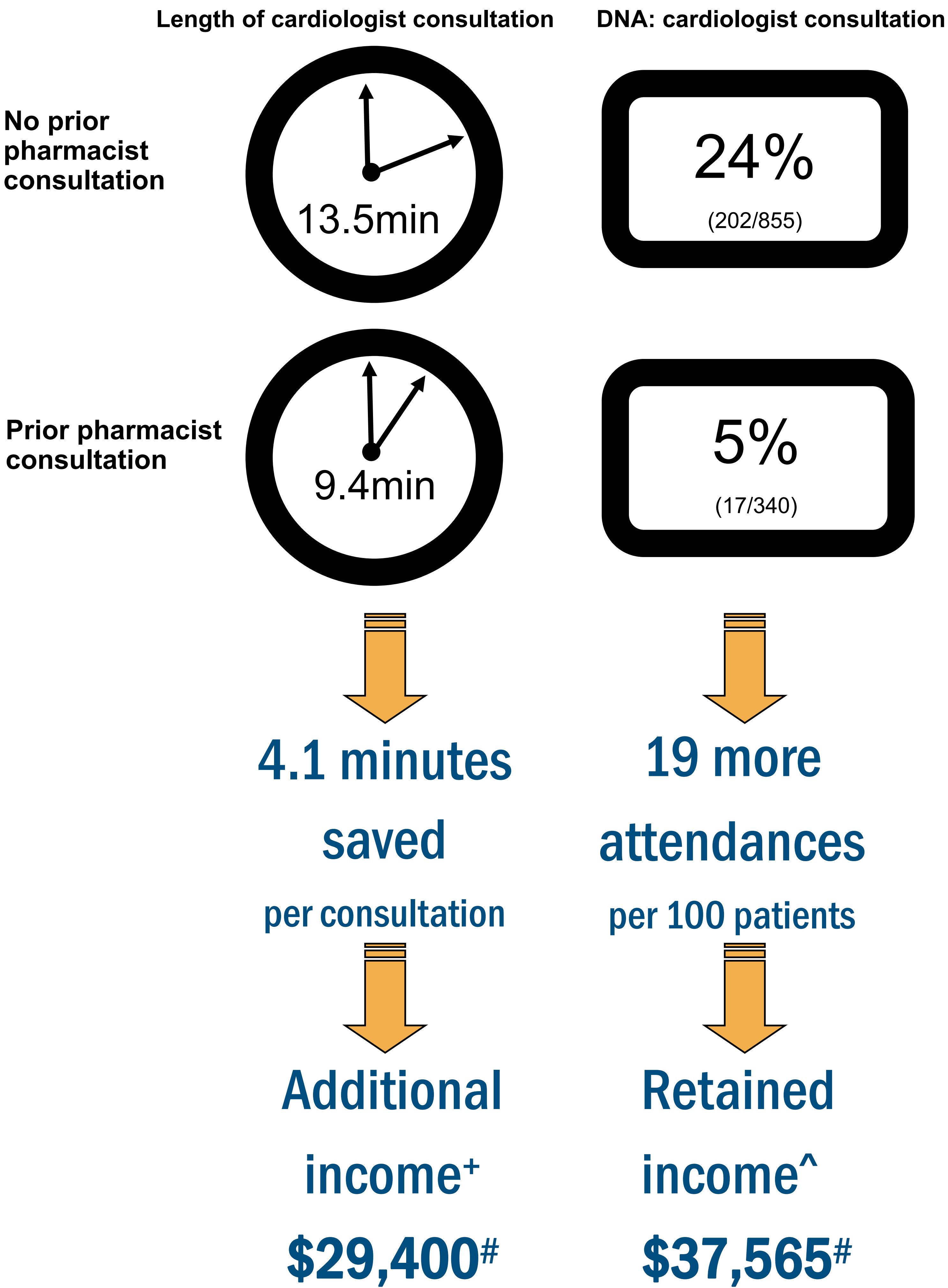
'Great service. I run a farm and getting away from it can be difficult' [Patient 36]

'Not coming to the hospital saves me \$40 (two taxi fares)' [Patient 48]

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Efficiency gains

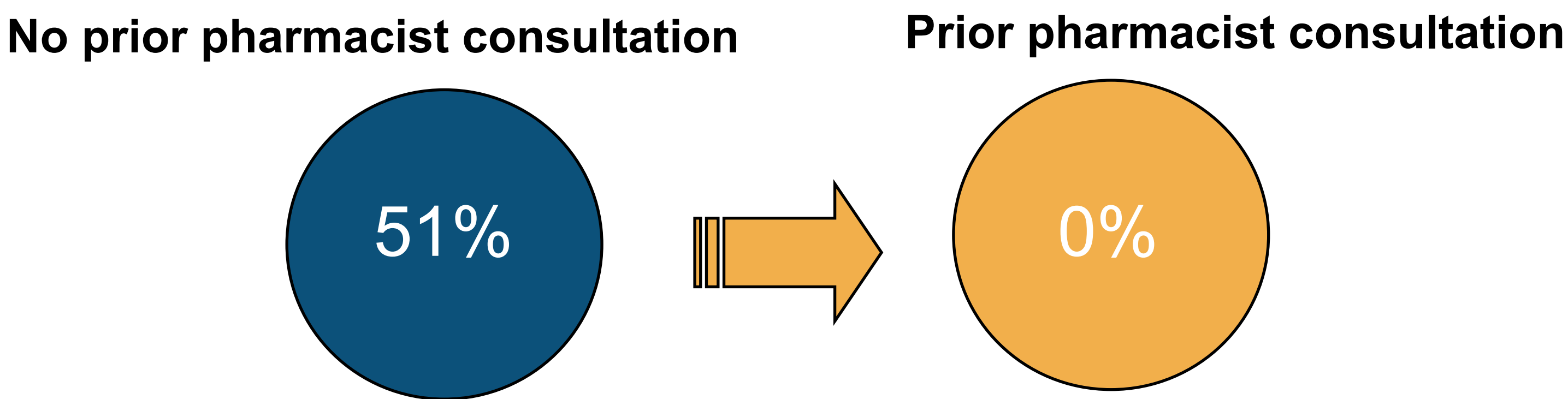
A time in motion study recorded the **length of the cardiologist consultation** when the cardiologist did (n=44) and didn't (n=43) have access to the pharmacist's consultation summary. Patient attendance data was analysed to calculate **Did Not Attend (DNA)** rates for patients whose cardiologist appointment was scheduled in Mar-Sep 2019.



⁺144 additional appointments created by cumulatively adding the time saved. New to review ratio of 5:3, MBS+WASE.
[^] reimbursement for the consultation that would not have occurred if the patient didn't attend.
[#] based on 720 pharmacist consultations per annum (16/week for 45 weeks). New to review ratio of 5:3, MBS+WASE.

Safety

A time in motion study recorded the number of cardiologist consultations with **medicine uncertainties** when the cardiologist did (n=44) and didn't (n=43) have access to the pharmacist's consultation summary.



Conclusion

A pharmacist clinic delivered using telehealth is acceptable to patients and cardiologists. It reduces medicine uncertainty and produces financial benefits for the health service.

'More patients know what they are on so it's quite easy to have a conversation about changing medications etc. Time saving- it really increases the efficiency of the clinic' [Clinician A]

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