Urgent care pharmacotherapy clinic

We conducted an observational study of the urgent care pharmacotherapy clinic (UCPC) at The University Hospital in Cincinnati with the primary objective of comparing the frequency of patients' visits to the emergency department (ED) and primary care physician (PCP) before and after they were seen at the UCPC.

The UCPC, a pharmacist-directed internal medicine clinic, was developed to address the growing number of patients going to the ED with medication-related issues. The clinic's purpose is to decrease the frequency of ED visits for such matters as medication refills, improve compliance with medications, and facilitate patient transition to the primary care setting. The UCPC operates within the general medicine clinic, a resident physician clinic for adult internal medicine patients, and has been open since October 2001. Patients are referred to the UCPC by the ED physician for therapeutic drug monitoring, medication dosage adjustment, medication administration and compliance issues, laboratory test follow-up, blood pressure checks, blood glucose monitoring, patient education, and management of adverse drug reactions.

We evaluated referrals to the UCPC for the period from October 1, 2001, to June 30, 2003. During this period, the UCPC was open 177 days and received 188 referrals. A majority of patients were male (60%) and African-American (71%), and the average age was 47 years. Of the 188 patients referred, 71 (38%) actually attended the clinic. The primary reason for referral was treatment of diabetes mellitus. For most of the diabetic patients, an antidiabetic medication was started or restarted, disease management counseling was provided, and blood glucose was checked. Several patients were referred for adjustment of the dosage of antihypertensives, antiepileptics, and warfarin.

Patients who attended the UCPC had a 47% reduction in the mean number of ED visits (from 2.25 visits per patient in the six months before the clinic appointment to 1.19 visits in the six months after the appointment). The mean number of visits to the PCP per patient increased approximately fourfold, from 0.65 to 2.61, over the same time period. This shift in resource utilization from the ED to the PCP could lead to substantial savings to the health care system.

Currently, the specialty resident in primary care pharmacy practice continues to offer appointments for referrals. Collection of data on patient outcomes and cost savings is ongoing.

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Continued on page 1771