

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.

Alicia D. Kramer, Pharm.D., Clinical Pharmacy Practitioner
Health Alliance, The University Hospital
Cincinnati, OH 45219
kramerad@healthall.com

Jessica Mitchell, Pharm.D., Assistant Professor
Department of Pharmacy Practice
University of Illinois at Chicago
Chicago, IL 60612

Kelly Epplen, Pharm.D., CACP, Clinical Coordinator
Ambulatory Pharmacy Services
Health Alliance, The University Hospital
Cincinnati, OH 45219

At the time this study was performed, Dr. Mitchell was Specialty Resident in Primary Care, Health Alliance, The University Hospital, Cincinnati, OH.

Continued on page 1771



The Letters column is a forum for rapid exchange of ideas among readers of AJHP. Liberal criteria are applied in the review of submissions to encourage contributions to this column.

The Letters column includes the following types of contributions: (1) comments, addenda, and minor updates on previously published work, (2) alerts on potential problems in practice, (3) observations or comments on trends in drug use, (4) opinions on apparent trends or controversies in drug therapy or clinical research, (5) opinions on public health issues of interest to pharmacists in health systems, (6) comments on ASHP activities, and (7) human interest items about life as a pharmacist. Reports of adverse drug reactions must present a reasonably clear description of causality.

Short papers on practice innovations and other original work are included in the Notes section rather than in Letters.

Letters should be submitted electronically through <http://ajhp.msubmit.net>. Authors without Internet access may mail one copy of their letter and a 3.5-inch high-density IBM-compatible disk containing the letter file to AJHP, 7272 Wisconsin Avenue, Bethesda, MD 20814-4836. The following conditions must be adhered to: (1) the body of the letter must be no longer than two typewritten pages, (2) the use of references and tables should be minimized, (3) the number of authors should be no more than three, and (4) the entire letter (including references, tables, and authors' names) must be typed double-spaced. After acceptance of a letter, the authors are required to sign an exclusive publication statement and a copyright transfer form. All letters are subject to revision by the editors.