Impact of the Ambulatory Care Pharmacist on the Management of Comorbid Disease States in Pregnant Women

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Disclosures
• IRB Status: not required
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• Conflicts of Interest: None
• Project Sponsorship: None

Learning Objectives:
• Identify women who are pregnant and who would benefit from pharmacist intervention in the management of asthma, smoking cessation, diabetes, thyroid disorders, or anticoagulation.
• Identify barriers to implementing ambulatory care services in this patient population.

Community Medical Center
• 151 bed hospital

• Community Physicians Group (CPG)
  ▫ 14 affiliated outpatient clinics
  ▫ 25 clinics including specialty areas
    ▫ CPG Maternal Fetal Medicine

Background
• Many national associations have published regarding the need for pharmacists in the collaborative care women of child bearing age.1-3
• The impact of the ambulatory care pharmacist is well documented in the management of chronic disease states in the general population; however, data is lacking regarding the potential benefit in pregnant women.4-11

Project Objectives
• Develop an ambulatory pharmacist role within the already existing Maternal Fetal Medicine clinic
• Evaluate the cost savings and feasibility of continued pharmacy services in this area
• Evaluate the effect of these interventions on maternal and fetal outcomes
Methods

- Clinical pharmacy services are based in the CPG Maternal Fetal Medicine Clinic under direction of a perinatologist
- Referrals are accepted from patient’s PCP, OB/GYN or perinatologist

• CPG Maternal Fetal Medicine
  ▫ Perinatologist
  ▫ Nurse Practitioner
  ▫ Sonographers
  ▫ Social Worker
  ▫ Ambulatory Pharmacist
- The office space is currently shared with CPG Diabetes & Education at this time

Outcomes

- Cost Savings
  ▫ Pharmacist time
  ▫ Time saved for perinatologist and nurse practitioner
  ▫ Individual interventions and cost associated with those interventions

Results

Patients Recruited (January-March)

- Asthma (5)
- Asthma/Tobacco (2)
- Tobacco (7)
- Anticoagulation (1)
- Thyroid (1)
- Diabetes (2)
Results

Pharmacist Hours (January-March)

- Asthma (3 hr 5 min)
- Asthma/Tobacco (3 hr 20 min)
- Tobacco (6 hr 15 min)
- Anticoagulation (15 min)
- Thyroid (30 min)
- Diabetes (9 hr 40 min)

Results – Pharmacist Hours

Conclusions

- Pharmacist intervention to date has not had a measurable impact on maternal and fetal outcomes.
- Pharmacist intervention has saved physician and nurse practitioner time and need for follow up.
- Pharmacy services were well accepted in this area by both providers and patients.

Discussion

- Pharmacist staffing became an issue towards the end of the data collection which is reflected in the declining number of pharmacist hours in direct patient care.
- There are many areas in which this program could improve and grow.

Future Direction

- Current focus areas for improvement include:
  - Methods of referral
  - Scheduling
  - Pharmacist clinic hours
  - Billing
- Areas for growth
  - Gestational Diabetes Group Education
Questions

- Please feel free to contact me with any further questions at:
  - Email: clloyd@communitymed.org

References