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Short Communication

Towards a New Model: Construction of a Clinical Pharmacy Program Integrated into the Care Pathway for Brain Patients

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Background

Targeting patients within their care pathway (PS) and personalizing clinical pharmacy activities in a gradual manner, according to the risk of adverse events, is a necessity to gain relevance in a constrained economic context. Non-adherence to therapy leads in particular to recurrence of cerebrovascular accident (CVA)1 and clinical pharmacy activities could help prevent this risk.

Objective

Structuring a clinical pharmacy program integrated into the PS of brain-damaged patients in neurological follow-up and rehabilitation services (SSR) and day hospitalization (HDJ), through collaboration between pharmacists - doctors - caregivers.

Method

Semi-directed exploratory interviews were conducted with medical, paramedical and pharmaceutical professionals from the PS concerned, using an interview guide and literature [2]. It consisted of three parts: description of the iatrogenic risks according to the stages of the PS, the factors influencing these risks, the clinical pharmacy activities to be offered and their integration into the PS, as well as the barriers that could prevent their deployment.

Results and discussion

Ten professionals participated between October 6 and November 1, 2020, including 3 doctors, 1 pharmacists, 1 health executive, 1 neuropsychologist, 1 speech therapist, 1 psychomotrician and 2 nurses. Twelve iatrogenic risks cited by the speakers with in particular non-adherence, the unsuitable galenic form, the taking of contraindicated drugs, as well as the loss of autonomy. Twenty-one factors influencing these risks, including cognitive, memory, phasic and swallowing disorders, polypharmacy associated with the taking of risky drugs as well as a lack of education in the prescribed therapy sometimes associated with the absence of a caregiver. The stage of the PS particularly at risk was the discharge of the patient. The proposed pharmaceutical activities were participation in multidisciplinary meetings (RM) and clinical pharmaceutical expertise, motivational interviewing, collective educational workshop and remote tele-monitoring. The barriers were mainly the understanding of brain-damaged patients and the inclusion of caregivers. These elements are compared with the literature.[3]

Conclusion

Thanks to this multi-professional structure, a clinical pharmacy program integrated into the PS of brain-damaged patients is currently being deployed in SSR and HDJ, integrating all the activities identified. Its objective is to gain autonomy for the patient and/or those around him. Targeting is set up, by medical request or pharmaceutical opinion in consultation with the healthcare team during MR. Pharmacists are being trained in motivational interviewing. In addition, a re-educational workshop on the management of a pill dispenser is being created.

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