

Clinical pharmacists connecting with patients in rural and remote towns via telehealth

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Aim: A successful funding application for rural and remote revitalisation is allowing for delivery of a professional pharmacy service to patients in a large rural and remote area of Queensland. The clinical pharmacy service is delivered via telehealth, from a medium sized rural hospital to seven rural and remote health care facilities, covering an area of approximately 160,000 kilometres. The main aim of the new service is to provide equitable access to a pharmacist for rural and remote patients and clinicians. Patient medication reviews are now taking place and future support for visiting medical officer's and staff medication in-services are being developed as part of the new pharmacy service.

Methods: Clinical Pharmacist Medication Review

Infrastructure for videoconferencing was already in place at the rural and remote facilities. A clinical pharmacist outpatient clinic was set up using the Hospital Based Corporate Information System (HBCIS) for appointment booking and activity data collection. Nurses identify patients from their communities, thought at risk from medication misadventure, using referral criteria adapted from the Australian Pharmaceutical Formulary and Handbook.^{1,2} An appointment letter and explanation brochure is emailed either direct to the patient or to the patient via the nurse; the patient is advised to bring all their medicines with them to the consult. The nurse attends the consult with the patient in their community and the pharmacist conducts the medication review via telehealth. An electronic medication list is compiled for the patient and any pharmacist recommendations are then communicated to the general practitioner/Royal Flying Doctor Service. Data collection includes telehealth activity from HBISC to measure patient uptake; patient and nursing staff surveys to measure service satisfaction and pharmacist interventions and their outcomes.

Relevance: The consequences of 'medication misadventure' have been highlighted, prompting the development of cognitive services to enhance the management of medication use³. It is well established that in rural communities timely and quality access to medication services remains a significant and growing problem⁴ and previous pharmacy services to the seven rural and remote facilities consisted of supply and occasional phone information for nursing staff.

Results: Nursing staff at the seven health care facilities are actively engaged with the pharmacist outpatient clinic and are fully supportive. Nursing staff immediately identified patients at risk of medication misadventure in their communities and patient consults are now underway. Preliminary results show good patient uptake of the service.

Conclusions: It is expected that data collected from this new service will serve to highlight telehealth as an appropriate and accepted service delivery model for professional pharmacy services in rural and remote communities. Telehealth can enhance the provision of pharmacy consultation to rural areas improving patient access to a pharmacist and decreasing patient risk of medication misadventure.

References

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