



Transplant Pharmacist Participation in Suitability Evaluation Using Telehealth: Single Center Experience

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Introduction

- Multidisciplinary assessment of transplant candidates is standard practice
- Pharmacist involvement has been previously described
- Responsibilities of transplant pharmacist include identifying medication related issues, and potential barriers to medication adherence after transplantation
- This is the first study that describes transplant pharmacists' participation in candidate suitability determination via telehealth

Methods

- Single-center, retrospective, descriptive study of all adult transplant candidates that underwent kidney transplant suitability evaluation at a large, urban, transplant program from 1/2022 to 12/2022
- The primary outcome is to characterize medication adherence barriers and drug related issues identified by pharmacists
- The secondary outcome is to report the average incidence of each potential barrier documented within the suitability evaluation notes

Results

- During study period, 632 patients underwent pre transplant suitability evaluation
- We present data for 414 kidney transplant candidates for whom the average age was 55, 50% identified as Black and 63% as male
- Pharmacists interview consisted of 17 questions that covered three main domains: identifying medication related issues (52.9%), medication adherence (41.2%) and medication knowledge (5.9%) as seen in Table 1

Table 1

Interview Domain	Assessment Questions	Outcome (N= 414)
	No. of patients with identified medication-related issues, n(%)	277(61)
	No. of patients with identified medication adherence issues, n(%)	140(38)
	Time spent in minutes, mean (SD)	30(9)
Medication knowledge	Medication knowledge percent, mean (SD)*	87(19)
Medication adherence	No. of medications, mean (SD)	10(6)
Medication adherence	Medication managed by self, n(%)	373(81)
Medication adherence	No. of patients reporting someone is available to help with meds after transplant, n(%)	265(64)
Medication adherence	No. of patients reporting miss doses in the last 7 days, n(%)	50(12)
Medication adherence	No. of patients admitting to stopping meds because too expensive or lost, n(%)	44(11)
Medication adherence	No. of patients reporting not taking medications as prescribed, n(%)	41(10)
Medication adherence	No. of patients admitting forgetting to bring along the medication when travel, n(%)	34(8)

$$*Med\ Knowledge\ \% = \frac{\text{Sum (Known.s by patient)}}{\text{Sum [Med Name (1)+Indication(1)+Dose(1)+Frequency(1)] x No. Med}} \times 100$$

Table 1

Interview Domain	Assessment Questions	Outcome (N= 414)
Medication related issue	No. of patients refilling controlled substances, n(%)	183(45)
Medication related issue	No. of patients reporting use of herbals/supplements, n(%)	167(41)
Medication related issue	No. of patients reporting medication allergies, n(%)	155(38)
Medication related issue	No. of patients with current anticoagulation use, n(%)	90(21.7)
Medication related issue	No. of patients reporting use of cannabidiol, n(%)	62(15)
Medication related issue	No. of patients on medication with significant pharmacokinetic drug interactions with immunosuppressants, n(%)	52(12.6)
Medication related issue	No. of patients not updated on immunizations, n(%)	47(11.4)
Medication related issue	No. of patients with past or current immunosuppressant use, n(%)	32(7.7)
Medication related issue	No. of patients with current antimicrobial use, n(%)	12(2.9)

Results

- On average, patients were taking 10+/-6 medications and calculated medication knowledge percent was on average 87+/-19
- Pharmacist identified 277 (61%) patients with drug-related issues and 140 (38%) patients with potential adherence issues
- Most frequently documented medication related issue was use of controlled medications (45%), followed by herbals/supplements use (41%), medication allergies (38%) and anticoagulant use (21.7%)
- Adherence questions were designed to understand coping mechanism with medication related problems and included questions about self-adjusting medication therapy, handling medication access issues or travel related issues, and examining medication support systems at home

Conclusion

- Pharmacists' participation in suitability determination via telehealth results in identification of important issue that could become adherence barriers and complicate patient care in the perioperative and postoperative phases of care

References

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