INTEGRATED COLLABORATIVE CARE MODELS

Alison Anastasi, Anthony Serracino Inglott, Lilian M. Azzopardi
Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, Msida, Malta
email: alison.anastasi@um.edu.mt

Department of Pharmacy

University of Malta

FIP-1134

POS-SAPS-004

INTRODUCTION

Science and practice are essential for quality within healthcare services. The two aspects should be supporting each other for the health care team to keep focused on the patient. Practice moves forward carrying along science along with it, however, neither practice nor science can ever be of quality if separated from one another.

AIMS

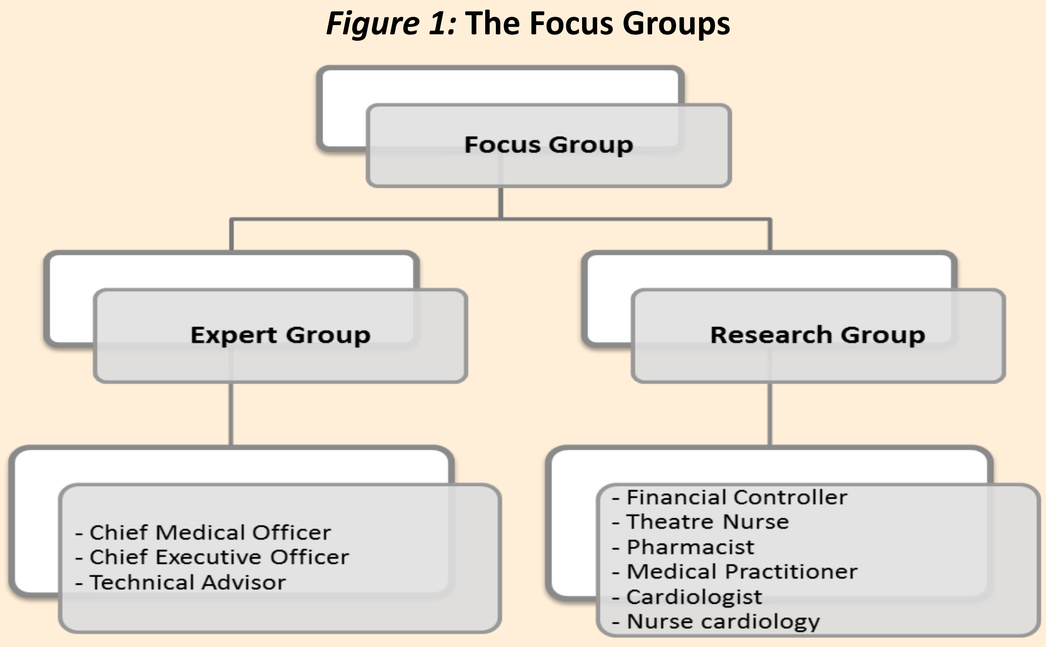
1. To break down the wall separating administrative and clinical activities using heart failure (HF) as a model
2. To identify driving forces, gaps, and implement validated tools: Medication Assessment Tool for Heart Failure (MAT-HF); Treatment Adherence Questionnaire (TAQ) and Minnesota Living with Heart failure questionnaire[1] (MLHFQ).

METHOD

Backward logical thinking was adopted to identify the gaps within HF service through focus groups (Figure 1). Analysis was undertaken to assess external and internal attributes. The theoretical-based models led to the development of the tools – MAT-HF and TAQ. The tools and the MLHFQ were implemented by the pharmacist for 50 HF patients admitted to the acute hospital.

Outcome measures resulting from the structured tool scores assisted in targetting the relative patient care issues. The bridging between patient care and administrative aspects was achieved by focusing on managing shortages, innovative procurement models and having appropriate skill mix.

Figure 1: The Focus Groups



RESULTS

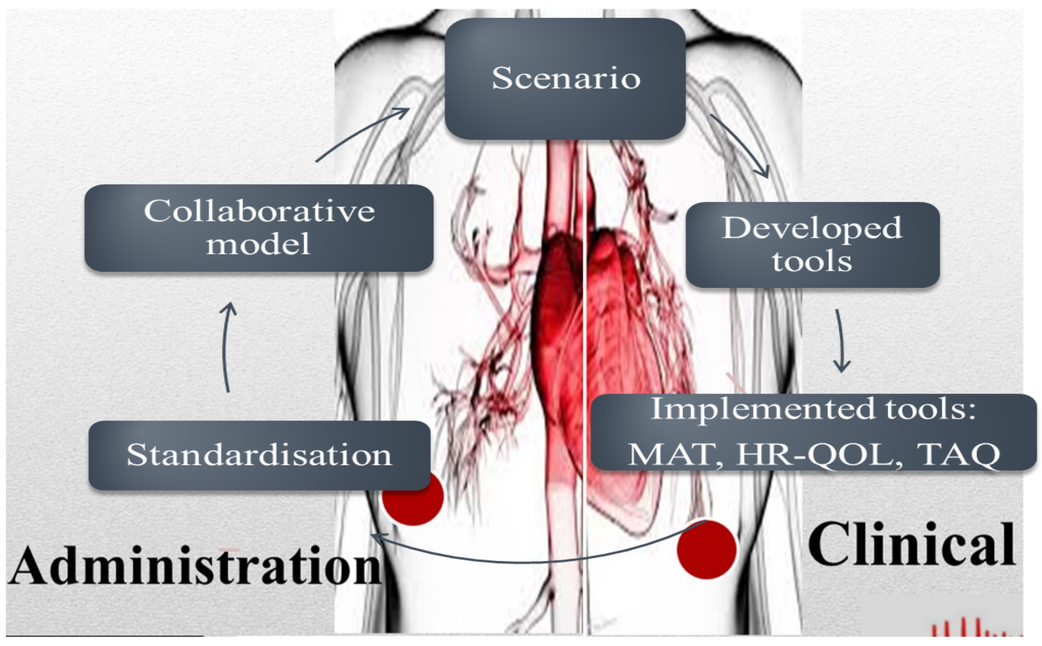
Fifty patients suffering from HF were assessed (mean: age 75.3 years). Improvements in care process related to patient outcomes were noted post pharmacist's collaboration with multidisciplinary team (Table 1). None of the patients were re-admitted.

Table 1: HF Mean Average Scores (MAT-HF; TAQ and MLHFQ)

	MAT-HF	TAQ	MLHFQ
Scale Range	1-100	1-100	1-105
Mean Average Score	90%	66%	27
Designation	High Adherence to treatment guidelines	Moderate Adherence to treatment	Moderate Quality of Life

Figure 2: Integrating the Care Models

This study has sent signals that the best model is a patient centred model with collaborative therapeutic management. Implementing this model provides a consistent well-deserved, justified and appropriate care to patients.



CONCLUSION

Pharmacy practice is synonymous with bridge building. This research managed to adapt policies and financing schemes to models of care. Implementing the Integrated Collaborative Care Models provided consistent appropriate care to patients leading to cost-containment. A complete change in the applied service model was achieved by instilling the addition of administrative pharmacy staff into clinical areas.

Reference

1. Rector TS, Kubo SH, Cohn JN. Patients' self-assessment of their congestive heart failure. Part 2: Content, reliability and validity of a new measure, the Minnesota Living with Heart Failure questionnaire. *Heart Failure* 1987b; 198-209.