

Development of Rheumatology Shared Care Guidelines:

Improving Transitional Care

Daniel Joseph Grixti¹, Louise Grech^{1,2}, Kathlene Cassar^{1,2}, Dustin Balzan^{1,2}, Anthony Serracino Inglott¹,

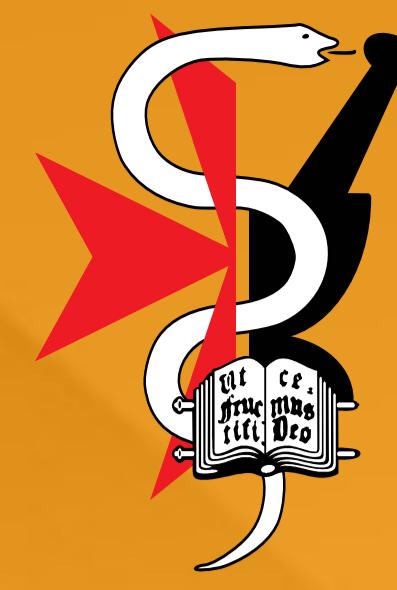
Lilian M. Azzopardi¹

¹Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, Msida, Malta

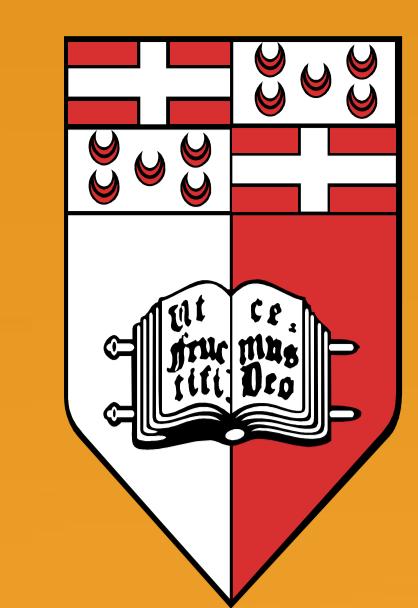
²Department of Pharmacy, Mater Dei Hospital, Msida, Malta

Email: grixtidaniel@gmail.com

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Department of Pharmacy



University of Malta

INTRODUCTION

Patients suffering from rheumatic conditions are prescribed biological agents and disease modifying anti-rheumatic drugs which are sometimes administered in complex dosage regimens.⁽¹⁾ Shared care guidelines assist healthcare professionals and patients in clinical decision making, allowing the seamless transfer of patient treatment, management and pharmaceutical care.

In Malta, rheumatology patients pick up their chronic medication supply free of charge from a community pharmacy of their choice. Shared Care Models are designed to support communication and coordination between primary and secondary settings.⁽²⁾

METHOD



AIMS

- To compile and validate Maltese Rheumatology Shared Care Guidelines (MRSCGs) for drugs commonly used in rheumatology with the intention of incorporating intervention guidelines for community pharmacists.
- To enhance communication between:
 - Rheumatology consultants and general practitioners
 - Pharmacists working within hospital and community
 - All professionals involved in Shared Care and patient
- Disseminate the MRSCGs for use within the clinical scenario with the intention of initiating a Shared Care Model in the treatment of rheumatic conditions.

Table 1: List of the drugs necessitating the development of Shared Care Guideline

Drug	Classification	
Infliximab	Anti-tumour Necrosis Factor –	Biologic Agent
Etanercept	Anti-tumour Necrosis Factor –	
Methotrexate	Immunosuppressant	Disease-Modifying Anti-rheumatic Drugs (DMARDs)
Azathioprine		
Leflunomide		
Hydroxychloroquine	Antimalarial	

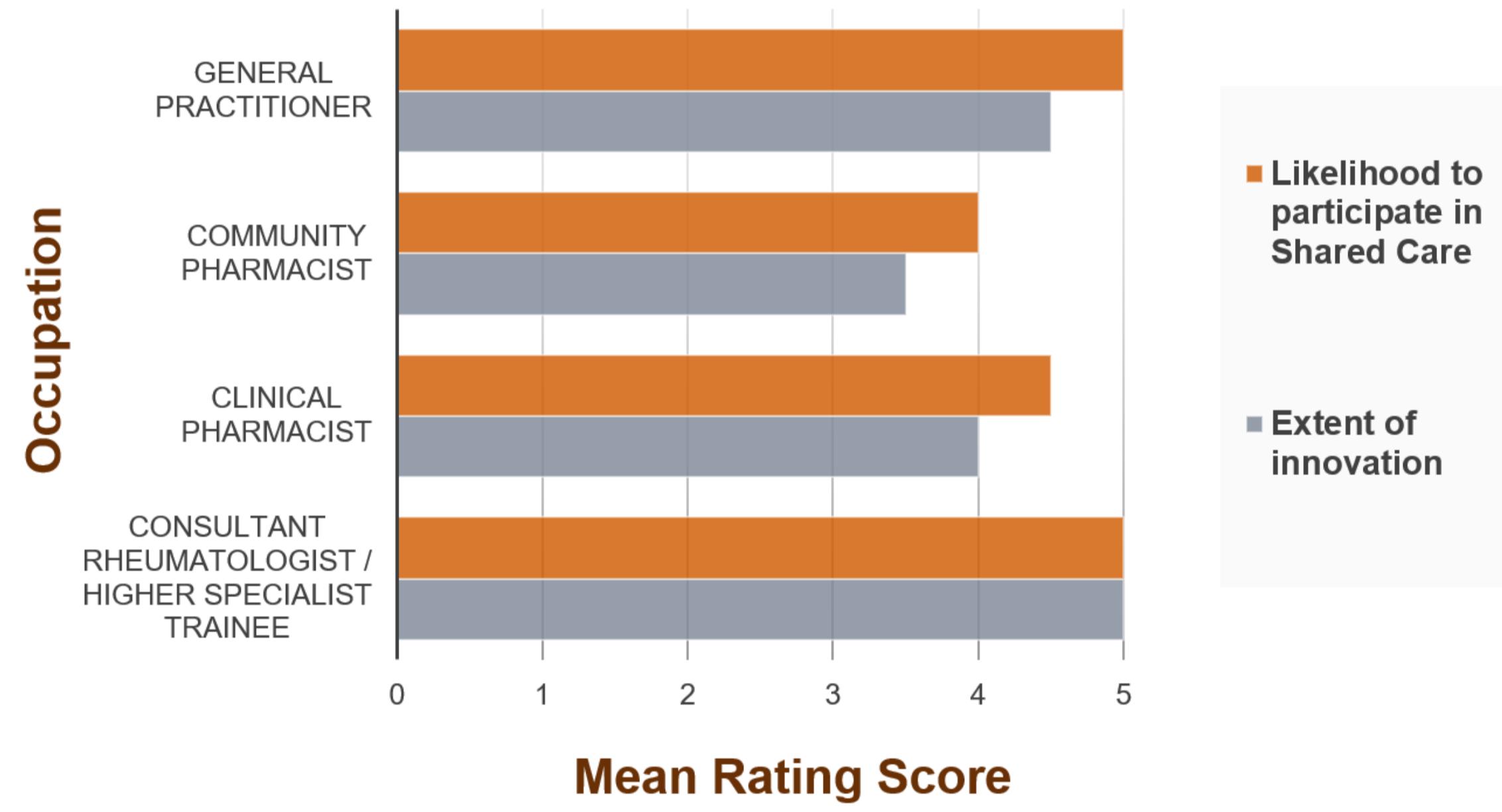


Figure 2: Expert panel's views (n=10) on extent of innovation of the MRSCGs and likelihood to participate in shared care should a Shared Care Model be introduced

RESULTS

The MRSCGs consist of 3 main sections:

Section A: Outlines the pharmacological background of the drug, indications, dosage and administration.

Section B: Defines the associated responsibilities of the medical rheumatology team, general practitioner (GP), community pharmacist and the patient.

Section C: Consists of appendices for clinical particulars, monitoring and dosage worksheets, and referral checklists including Shared Care request form, GP confirmation of acceptance, and Pharmaceutical Care Documentation Sheet.

All members of the expert panel (n=10) agreed that:

- The Community pharmacist who is dispensing the rheumatology medications is part of the extended healthcare team.
- Communication with community pharmacists needs to be improved and this was addressed through the design of a Shared Care Details Sheet.
- The guidelines are an innovative tool and agreed that if these are available, they would participate in shared care.

Expert panel suggested that a Fast Track Referral Form to refer patient back to medical consultant should be designed.

CONCLUSION

The MRSCGs will be subjected for sanctioning within the clinical scenario through the Pharmacy and Therapeutics (P&T) Committee at Mater Dei Hospital. Willingness of healthcare professionals to participate in Shared Care was positive supporting the implementation of a Shared Care Model for rheumatic conditions.

Acknowledgement(s)

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References

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