

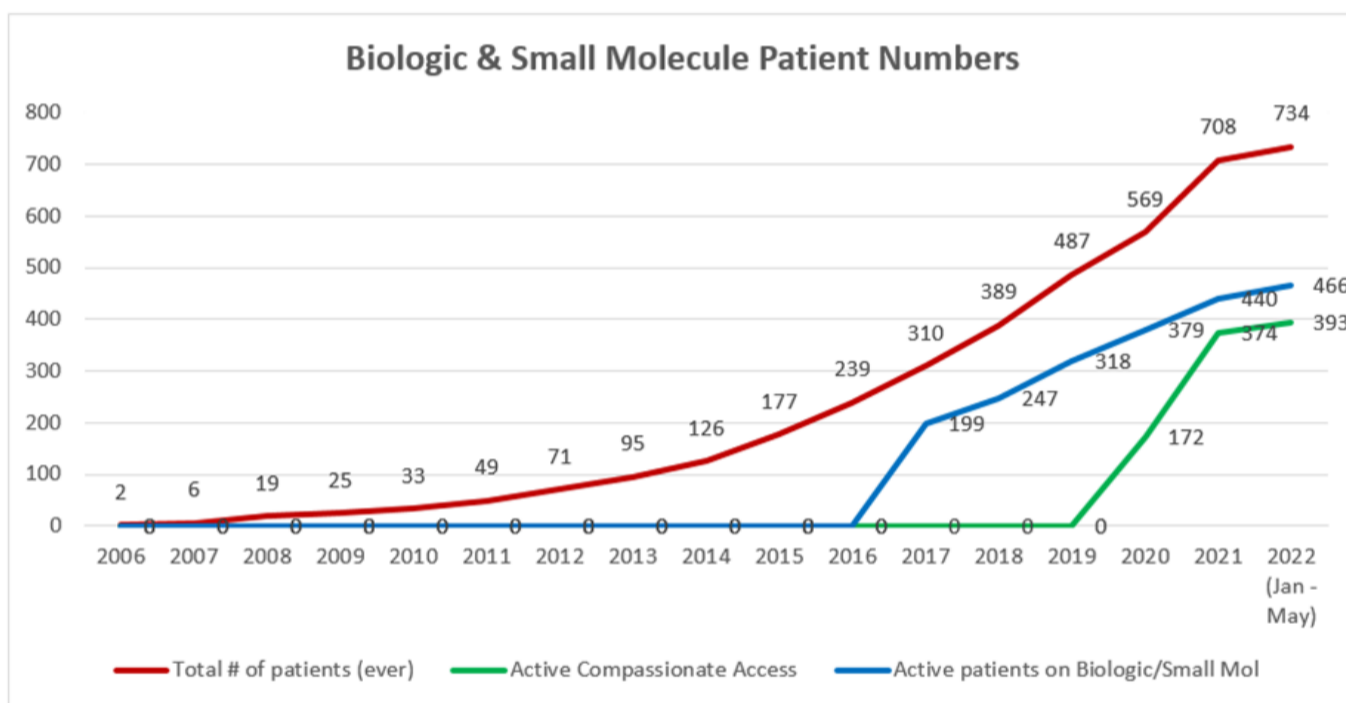
## WHO FLAGSHIP AREA: TRANSITIONS OF CARE AND HIGH RISK MEDICINES

### BACKGROUND

The burden of Inflammatory Bowel Disease (IBD) in Australia is increasing therefore requiring complex medical treatment and interventions. The involvement of a multi-disciplinary team to tackle the different aspects of treatment and adherence has not yet been established. Pharmacists are able to work alongside Gastroenterologists and Registered Nurses (RN) to optimize pharmacotherapy.

### OBJECTIVES

The addition of a specialist Pharmacist in an IBD clinic at a major tertiary referral hospital has been adopted to facilitate transition of care and patient education. An initial project undertaken included patient education on newly initiated IBD related medicines for outpatients via phone call. These medicines included biologics and small molecules, immunomodulators and 5-Aminosalicylates. A large portion of patients are on biologics and small molecules with complex dosing requiring additional compassionate access.

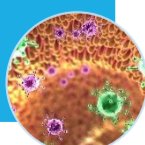


### METHODS

Previous practice involved patients receiving information pertaining to their new medicines in one session from the IBD RNs. This was due to the limited capacity of RNs given their workload. The new model of care shifted to patients only receiving a brief verbal summary including written information to do their own reading by the RNs. Patients were then informed that a Pharmacist will be in contact within one week to provide an in-depth discussion on their new treatment.


**Biologics and Small Molecules**

- Infliximab
- Adalimumab
- Vedolizumab
- Ustekinumab
- Tofacitinib




**Immunomodulators**

- Methotrexate
- Azathioprine
- Mercaptopurine
- Corticosteroids



**5-Aminosalicylates**

- Mesalazine
- Sulfasalazine



### EVALUATION

This model allowed patients to review the information and think of questions they may want to ask. The session was more interactive as specific issues related to each individual were raised such as adverse effect profile and pregnancy. 94% of patients reviewed by the IBD Pharmacist initiated/continued their treatment. Positive verbal feedback expressed indicated patients were satisfied with the outcome.



### DISCUSSION

This also allowed IBD RNs to conduct other activities and utilize the IBD Pharmacist in improving medication adherence. The embedding of the IBD Pharmacist and Biologics Nurse in the service facilitated the growth in number of IBD patients in the clinic by 67% within 3 years.

### Growth in Number of IBD Patients

