Impact of the Inflammatory Bowel Disease Pharmacist Within a Tertiary Hospital Multidisciplinary Outpatient Service

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Background

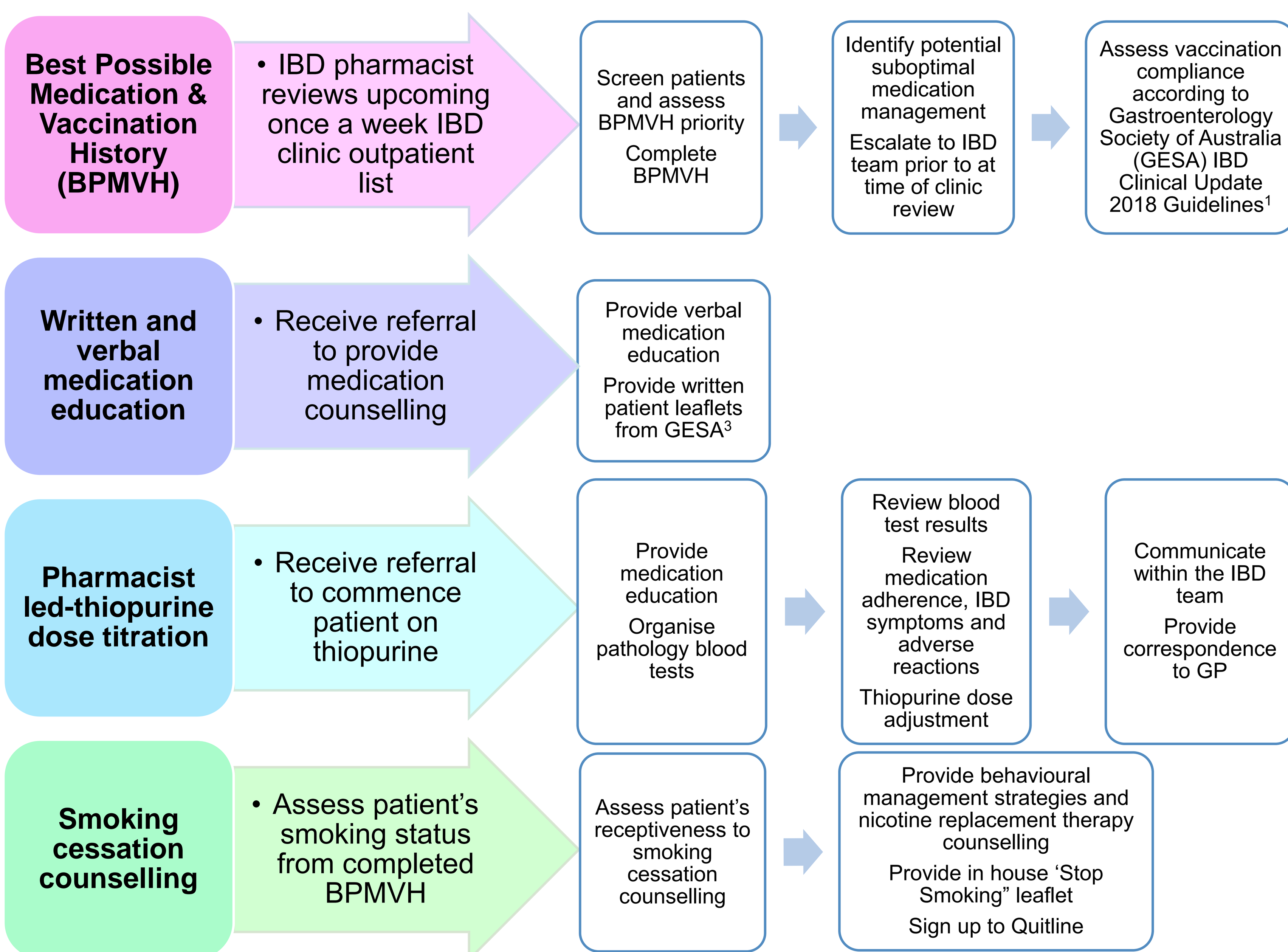
Inflammatory bowel disease (IBD) is a relapsing and remitting chronic condition that leads to substantial morbidity and negatively impairs the quality of life for affected individuals[1]. Achieving high standards of quality care in IBD is integral to achieving the best patient outcomes, however, there are considerable inconsistencies in the provision of care across Australian tertiary hospitals with a lack of fully integrated multidisciplinary IBD teams[2]. With the introduction of the National Weighted Activity Unit platform in the state, a 3-day-per-week outpatient IBD clinic pharmacist, dietician and additional specialist nurse was integrated into the IBD multidisciplinary team at a tertiary hospital in May 2023. These positions funded by the "Better at Home" program aimed at enhancing outpatient services and reducing hospital admissions.

Objective

The aim of this project is to evaluate the impact of IBD pharmacist's interventions with a focus on identifying areas for improvement to enhance patient outcomes in IBD medication management.

Method

A retrospective audit examined the types of pharmacist encounters and interventions through a combination of face-to-face and telehealth appointments with IBD outpatients during a period of 4 months.



Results

Out of the 112 patient encounters involving 71 patients, a number of interventions were completed:

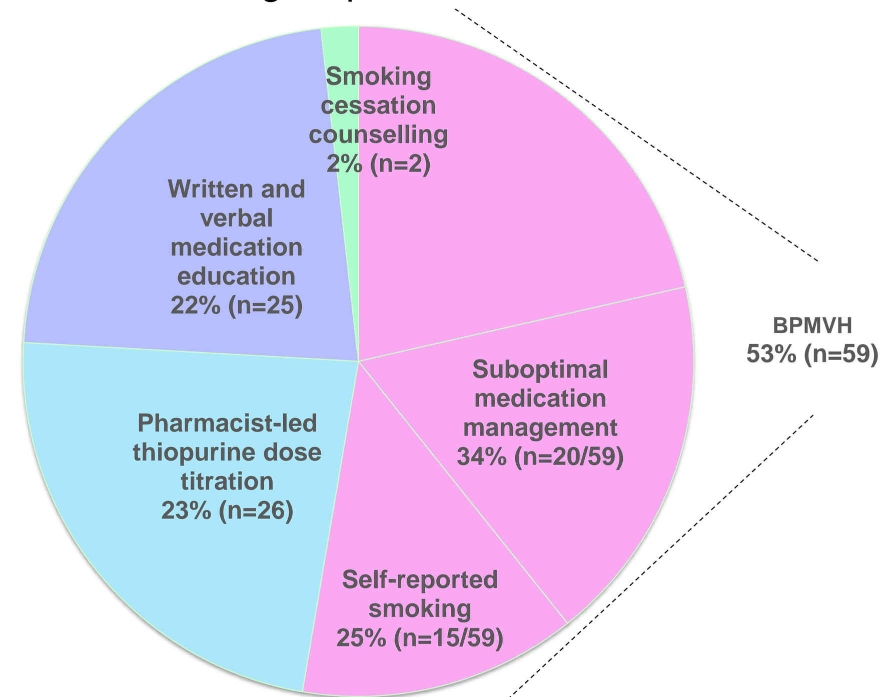


Figure 1: IBD pharmacist encounters types

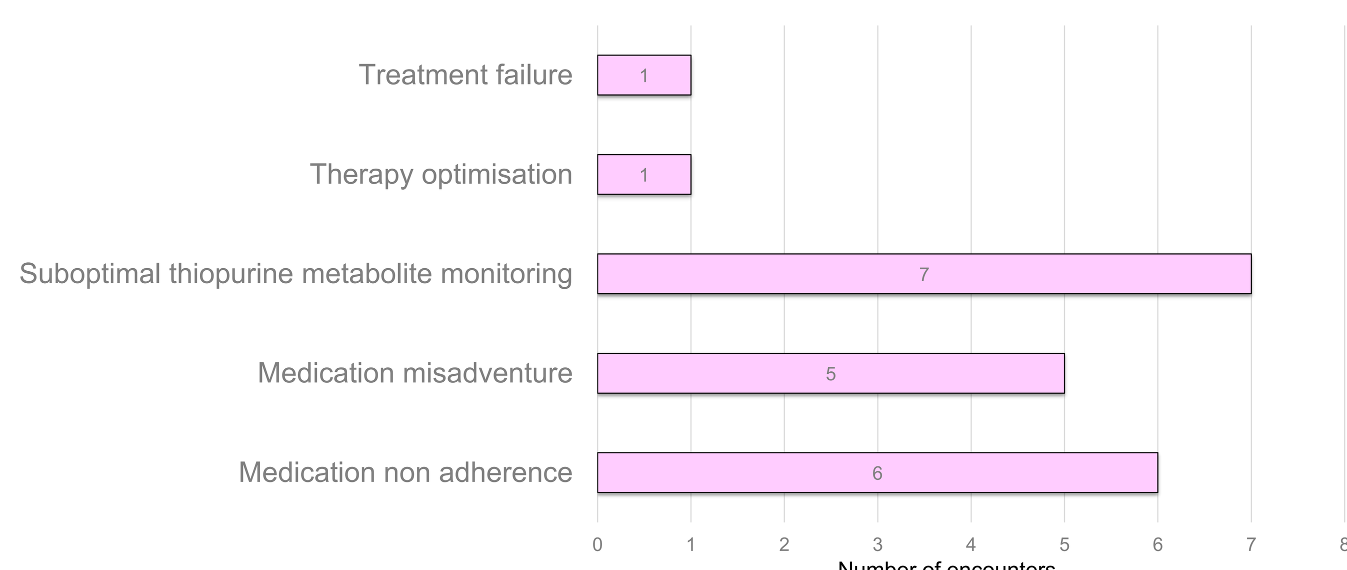


Figure 2: Suboptimal medication management types

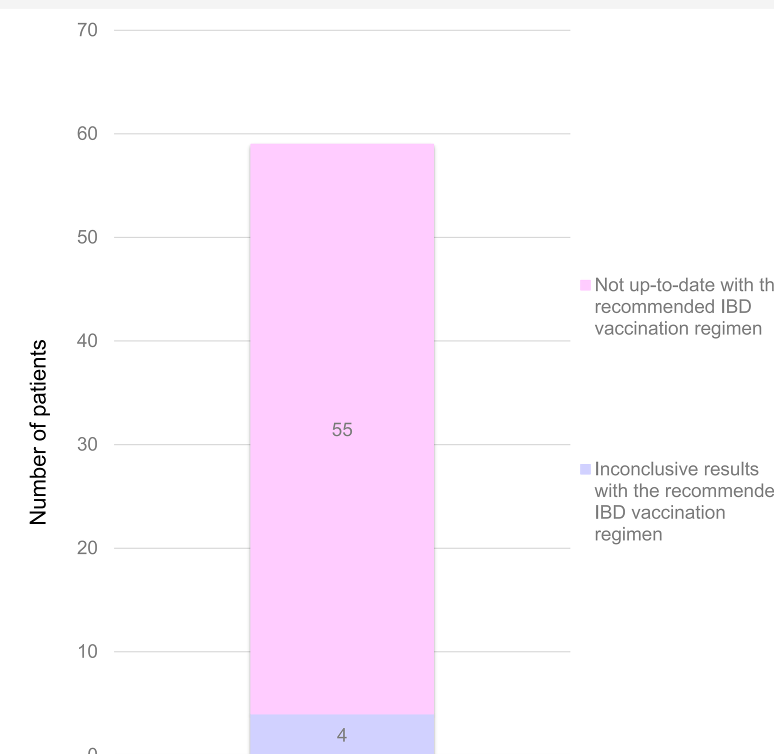


Figure 3: Vaccination compliance in patients with completed BPMVH

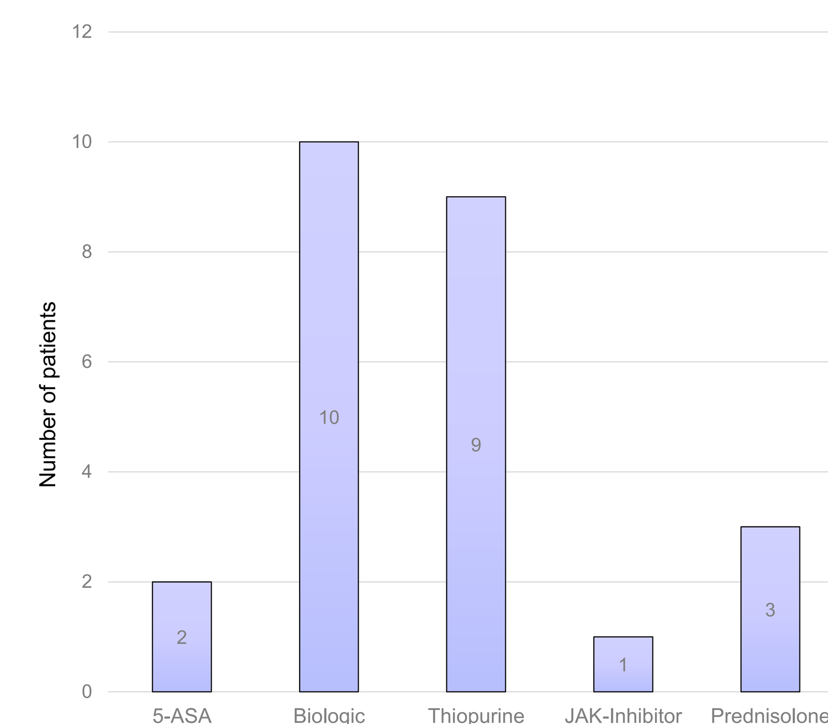


Figure 4: Types of medications counselled

Discussion

Best Possible Medication & Vaccination History

- Suboptimal medication management identified in 34% of all BPMVH completed (figures 1,2).
- Majority of patients who had BPMVH completed were non-compliant with the recommended IBD vaccination regimen (figure 3).
- 4 patients had inconclusive results due to missing hepatitis B serology, leaving uncertainty about the need for a booster dose despite being up to date with all other vaccinations (figure 3).
- Development of written recommendations for patients and their general practitioners are under way to educate primary care providers about their role in ensuring up-to-date vaccinations.

Written and verbal medication education

- Non-adherence to IBD medications risks delayed treatment access, suboptimal dosing, heightening the likelihood of relapse or a loss of response to therapy[1].
- Pharmacists providing medication education sessions with focus on adherence is critical in mitigating these risks and ensuring optimal outcomes in IBD management.
- All medication education sessions incorporated both verbal counselling and provision of written medication patient leaflets (figure 4).

Pharmacist-led thiopurine dose titration

- Prompt development of a thiopurine monitoring and dose titration guideline coupled with an advanced scope of practice credentialing package ensured that IBD pharmacist operates within their scope of practice.
- A promising avenue for the expansion of the IBD medication monitoring service involves the development of guidelines for pharmacist-led monitoring of methotrexate and Janus kinase inhibitors.

Smoking cessation counselling

- Smoking in Crohn's disease is linked to heightened disease activity, increased flare-ups and elevated postoperative relapse rates[1].
- Smoking cessation has been associated with 65% reduction in the risk of relapse, a magnitude comparable to that achieved with immunosuppressive therapy[1].
- 15 individuals self-reported smoking tobacco or using nicotine containing e-cigarettes during BPMVH yet only 2 expressed openness to smoking cessation counselling (figure 1).
- It is imperative that there are continued efforts from the IBD pharmacist to actively advocate for smoking cessation as an integral therapeutic approach.

Conclusion

The integration of the IBD clinic pharmacist into the multidisciplinary team, revealed numerous opportunities for pharmacists to elevate patient care. Unveiling suboptimal IBD vaccination uptake rates led to the development of written recommendations for patients and their general practitioners aiming to foster higher compliance with vaccinations. The successful implementation of pharmacist-led thiopurine monitoring service reflects a need for the expansion of pharmacist-led medication monitoring services. Furthermore, identifying the low receptiveness to smoking cessation counselling, emphasizes the need for targeted efforts in promoting awareness and support for smoking cessation within the IBD patient population. As we navigate the complex landscape of IBD management, there is always **space to grow** to further elevate the standard of care and positively impact the quality of life for IBD patients.

References

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3. Gastroenterology Society of Australia (GESA). Patient resources. https://www.gesa.org.au/education/patient-resources/

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