

PHARMACISTS PERFORMANCE ON HOME CARE FOR HIGH USERS OF MEDICAL RESOURCES IN 2014 IN TAIWAN



Yen-Huei(Tony) Tarn, Hsiang-Ying Lai, Fu-Hsiung Tasi, Yun-Hsuan Chen

Center for pharmaceutical care development, Taiwan Pharmacist Association



Background

Due to the generous coverage of the Health Insurance Program in Taiwan, some beneficiary abused the medical resources by visiting OPD clinics more than 90 times a year. The National Health Insurance Administration (NHIA) in Taiwan offered a budget in collaboration with Taiwan Pharmacist Association (TPA) by inviting qualified community pharmacists to provide Home Pharmaceutical Care for those high users of medical resources starting 2010 in Taiwan.

Purpose

To report the outcomes in 2014 and promote reasonable use of medicines and reduce overall healthcare expenditures.

Methods

From the administrative claimed-database, NHIA identified those high users of medical resources and then provide the name list to TPA. Pharmacist can conduct home visits 8 times a year with NHIA reimburse NT\$1,000 per visit. Clinical and humanistic outcomes were measured during the practice; however the economic outcomes were provided by NHIA from claimed database on pre and post years.

Results

Total of 182 pharmacists conducted home care for 8,277 patients in 2014. From economic outcomes, the number of physician visit decrease 16.8%, the total outpatient health care expenditure decreased 13.8%, resulted in cost-benefit ratio of 1:1.3. Around 88% patients agreed pharmaceutical service is helpful, highly satisfied and wish to continue.

Table 1. Patient characteristics (N=8,277)

Gender	N=8,277
Male (%)	3,932 (47.5)
Female (%)	4,345 (52.5)
M/F ratio	0.90
Age	
Range	3 - 104
Mean (SD)	68.4 (14.8)
% > 65 years old	67.5%

Table 2. Humanistic outcomes: change in HRQoL using EQ-5D

Visit period	N=1399	
	Early	Later
Utility score	0.628±0.293	0.679±0.269
Visual analog scale	65.1±15.3	73.8±14.5

Table 3. Humanistic outcomes: Questionnaire Survey on Satisfaction

N=2,682 (Response rate: 32.4%)	
1. Agreement of helpfulness (1~5)	4.32 ± 0.64
2. 8-item satisfaction (-2~2)	1.37 ± 0.60
3. 1-item overall satisfaction (1~100)	86.56 ± 10.74
4. Wish to continue (1~5)	4.27 ± 0.75

Table 4. Economic Outcomes(N=8,198 RPH=170)

	Before and After RPh intervention	Change rate
Total # of outpatient visits	B: 53.8 ± 16.2 A: 44.8 ± 18.2	↓ 16.7%
Total OPD health care expenditures	B: \$56,034 ± 33,051 A: \$48,288 ± 78,386	↓ 13.8%
Total OPD drug expenditures	B: \$14,377 ± 16,961 A: \$14,024 ± 69,969	↓ 2.46%
Cost/Benefit ratio	\$ 48,662,000 : \$ 63,255,767 = 1 : 1.3	

A means after care; B means before care.
\$= New Taiwan Dollars (US\$: NT\$ = 1 : 30)
Cost/Benefit ratio = remuneration: OPD Healthcare expenditure saved.

Conclusions

Pharmacists providing direct patient care are not only cost beneficial but also resolved patient's drug therapy problems, improved patient's quality of life, and patient want to continue the services. Select high risk, complex patients to receive home pharmaceutical care is worthwhile and has global implications.

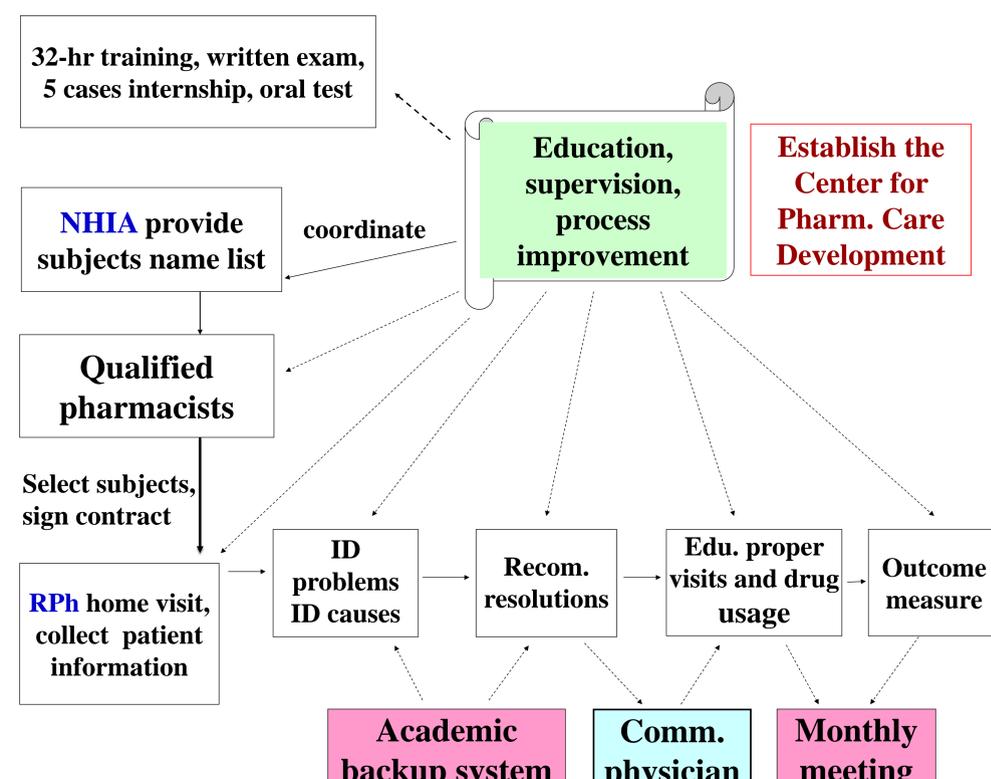


Figure 1. Framework of Home Pharmaceutical Care