Impact of Medication-Related Problem Identification (MRP-ID) Tool on the Pharmacist's Patient Care Process (PPCP) Devin L. Lavender, Jordan Khail, Russ Palmer, Katie Smith, Beth B. Phillips University of Georgia College of Pharmacy, Athens, GA

Background

Developing proficiency in the Pharmacists' Care Process (Collect, Assess, Plan, Impleme Follow-up) takes time and practice.¹ Early of curriculum, pharmacy students are ofte whelmed specifical this by process, identification medication-related Of (MRPs).

An instructional tool within a clinical problem solving course that supports student's development towards becoming experts at identifying MRPs in complex patients was created.



Methods

Using a pre-post design, P2 students' ability to identify MRPs for a complex patient case in a simulated electronic medical record before and after introduction of the MRP-ID Tool was evaluated.

A standardized grading rubric was developed and benchmark interrater agreement was established between two evaluators using a random sample of 20% of the data. The statistical analysis included descriptive statistics and paired T-tests using SPSS.

| s' Pat | tient | | |
|----------|-------|--|--|
| nent, | and | | |
| on in | the | | |
| en o | ver- | | |
| lly | the | | |
| problems | | | |

Priority

Primary: Hypertension

Secondary: Type 2 Diabetes

> Secondary: Dyslipidemia

Secondary: GERD

Assessmen

Elevated Bloc Pressure

Uncontrolled

Suboptimal dr therapy

Suboptimal dr therapy

Results: Complete pre- and **Rubric component** (maximum score)

Problem Priority (5)

Problem identification (4)

Problem Explanation (7)

Total Assessment (16)

Plan Recommendations (1

Plan Monitoring (4)

Total Plan (14)

Total Rubric (30)

Implications

across the PharmD curriculum are ongoing.

| Complex Patient Case Example Rubric | | | | | | | |
|--|--|----------------------------------|---|--|--|--|--|
| nt | Explanation | | Plan | Monitoring | | | |
| bc | BP above goal of <130/ ACC/AHA HTN guideline Beta blocker monothera inappropriate | 80 Initia es. OR A py with | ate CTD OR HCTZ 12.5mg daily mlodipine 2.5-5mg daily. Patient hx of angioedema on ACEi and UACR within normal limits | BP; edema (amlodipine); SCr/K (CTD/HCTZ) | | | |
| d | A1c above goal of <79 ADA guidelines. Metforr can be maximized. | % nin Incre | ease Metformin to 1000mg BID | A1c, eGFR, GI ADRs (diarrhea) | | | |
| Ъ | Needs high intensity sta due to DM and 10 yr. ri of 16% with LDL goal 100mg/dL. | tin sk Chang < OF | ge to Atorvastatin 40-80mg daily R Rosuvastatin 20-40mg daily | Lipid panel, s/sx of myalgias | | | |
| ſug | PPI dose is too low; dos daily for GERD. | sed Incre | ease Omeprazole to 20mg daily | Reflux symptoms | | | |
| post-test data were available for 69% of the P2 Class (n=96) | | | | | | | |
| | Mean Sco Pre-tool P | ore ost-tool | Mean difference (95% CI |) P-value | | | |
| | 1.92 | 3.33 | 1.41 (1.015-1.810) | < 0.001 | | | |
|) | 1.38 | 2.18 | 0.794 (0.534-1.054) | < 0.001 | | | |
| | 0.63 | 1.98 | 1.351 (0.944-1.757) | < 0.001 | | | |
| | 3.93 | 7.47 | 3.546 (2.691-4.401) | < 0.001 | | | |
| 0) | 1.31 | 3.78 | 2.469 (1.925-3.014) | < 0.001 | | | |
| | 0.67 | 1.33 | 0.660 (0.449-0.871) | < 0.001 | | | |
| | 1.97 | 5.10 | 3.129 (2.478-3.781) | < 0.001 | | | |
| | 5 85 | 12 58 | 6 724 (5 327-8 121) | <0.001 | | | |

| nt | Explanation | | Plan | Monitoring | | | |
|--|--|------------------------|---|--|--|--|--|
| bc | BP above goal of <130/80 ACC/AHA HTN guidelines. Beta blocker monotherapy inappropriate | Initia OR A with | ate CTD OR HCTZ 12.5mg daily mlodipine 2.5-5mg daily. Patient hx of angioedema on ACEi and UACR within normal limits | BP; edema (amlodipine); SCr/K (CTD/HCTZ) | | | |
| d | A1c above goal of <7% ADA guidelines. Metformin can be maximized. | Incr | ease Metformin to 1000mg BID | A1c, eGFR, GI ADRs (diarrhea) | | | |
| ſUġ | Needs high intensity statin due to DM and 10 yr. risk of 16% with LDL goal < 100mg/dL. | Chan O | ge to Atorvastatin 40-80mg daily R Rosuvastatin 20-40mg daily | Lipid panel, s/sx of myalgias | | | |
| ug | PPI dose is too low; dosed daily for GERD. | Incr | ease Omeprazole to 20mg daily | Reflux symptoms | | | |
| post-test data were available for 69% of the P2 Class ($n=96$) | | | | | | | |
| | Mean Score Pre-tool Post | -tool | Mean difference (95% CI | C) P-value | | | |
| | 1.92 3. | 33 | 1.41 (1.015-1.810) | < 0.001 | | | |
|) | 1.38 2. | 18 | 0.794 (0.534-1.054) | < 0.001 | | | |
| | 0.63 1. | 98 | 1.351 (0.944-1.757) | < 0.001 | | | |
| | 3.93 7. | 47 | 3.546 (2.691-4.401) | < 0.001 | | | |
| 0) | 1.31 3 | 78 | 2.469 (1.925-3.014) | < 0.001 | | | |
| | 0.67 1. | 33 | 0.660 (0.449-0.871) | < 0.001 | | | |
| | 1.97 5. | 10 | 3.129 (2.478-3.781) | < 0.001 | | | |
| | 5.85 12 | .58 | 6.724 (5.327-8.121) | < 0.001 | | | |

Utilizing the MRP-ID Tool, P2 students demonstrated significant improvement in application of the PPCP for complex patient case workup, assessment, and plan development. Implementation and assessment of this tool in other skill-based courses



