

Community Drug Support during Covid-19

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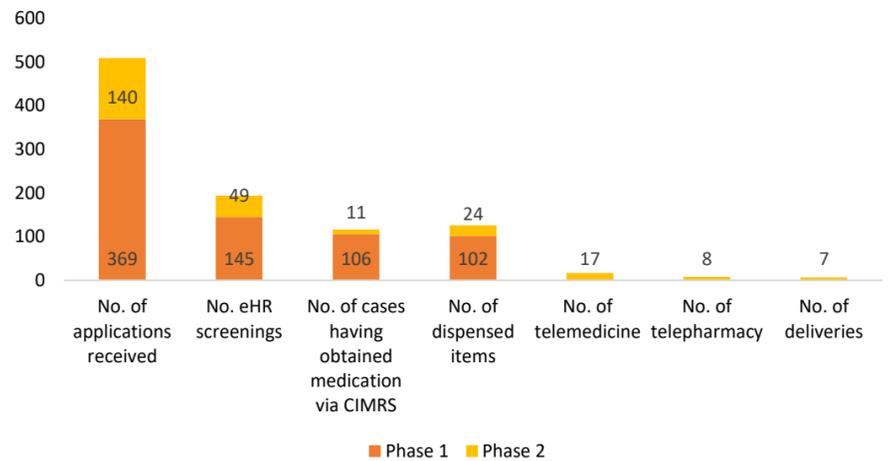
BACKGROUND

Since the outbreak of Covid - 19 in late January 2020, there is a prolonged period of stepped down service at the public health care system. Also, the government has urged the general public to stay home as much as possible to minimize exposure risk to the coronavirus. Hence, many out-patients with chronic diseases were unable to attend their follow up appointments at the HA hospitals. However, they needed the supply of medications without which their disease conditions would deteriorate and over time their health status would worsen which consequently would put more pressure on the already overburdened public health care services. Many of these patients who did not know how to respond to this interrupted medication supply would be left helpless.

In view of this, the Community Interim Medication Refill Service (CIMRS) was initiated in Feb 2020 to provide an alternative means of medication supply to help patients who were unable to attend HA follow-up appointments to get free and immediate medication replenishment as an interim measure.

STATISTICS

CIMRS



Phase 1: Patients attended medical appointment and collected drugs in person.
Phase 2: Patients could opt to see doctors via video conferencing and have their drugs delivered to their homes.

RESULTS

As of 5 August 2020, we have received more than 500 patient inquiries and around 200 of their electronic health records were successfully screened and more than 100 drug items have been prescribed and dispensed, benefiting around 120 patients. In phase 2, 17 patients received telemedicine service and 8 patients received pharmacists counselling service through the telepharmacy service and 7 patients' medications were delivered to their homes.

Merits

- Expedient implementation: From planning to implementation, CIMRS only took around 10 days.
- Fast turnaround time: On average, it took a patient 3 days to have their drugs replenished after registration.
- The operation of CIMRS was independent of yet complementary to that of HA: Healthcare professionals in the private sector worked together to provide an alternative means of medication supply that responded promptly to patients' medication needs and relieved the burden of public healthcare system

Challenges

- The eHR registration procedure deterred some patients from enrollment as they deemed it complicated and they needed to provide detailed personal information.
- The duration of medication supply was too short that the replenished medications could not last till patients' delayed appointments.
- An array of drug items were required for refill purpose, but the required quantity of each drug item was not large, which made procurement process expensive and inefficient.

Findings and Discussion

- It is clear that the public healthcare system is overburdened and it alone cannot accommodate all the patients in need, especially those chronically ill patients whose conditions are stable and who can be followed up easily in the primary care setting. The GPs in the private sector can be incentivized to share the workload and partly alleviate the burden of the public healthcare system.
- Based on our experiences in using the eHRSS, we have provided feedback to the eHRSS office, such as establishing an interface for patients to know about their registration status, in the hope that better and less complicated eHRSS access service can be enabled in the future.
- Based on the feedback of patients and families, the drug refill initiative could better support chronic and elderly patient with delivery of drugs to their homes. A drug delivery service would consist of the following components:
 - 1: Telemedicine - A doctor sees the patient via video conferencing.
 - 2: Temperature control of medications - The delivery team ensures the integrity of medications en route.
 - 3: Telepharmacy - A pharmacist provides teleconsultation on medications.
- This pilot project provides the opportunity for exploration of telemedicine under a community setting. Telemedicine could be immensely beneficial to patients. For example, it is more convenient for patients who are physically challenged or frail to get medical consultation at home. Amid the Coronavirus outbreak, telemedicine allows patients to see doctors without worrying about person-to-person contact and hence the risk of infection.

OBJECTIVES

1. To serve the immediate needs of patients
 - 1.1 To provide interim medication refills for 200 patients with chronic illnesses, who cannot get their medications from the Hospital Authority due to the Coronavirus outbreak.
 - 1.2 The patients can get their interim medication refills within 3 days after medication review and prescription by the doctor of the project.
2. To pilot an alternative model of medication supply for HA patients with chronic illnesses through a community-based approach
 - 2.1 To demonstrate evidence of a practicable community-based medication supply protocol.
 - 2.2 To collect patients' satisfaction to the service, including the community-based model of service and the convenience.
 - 2.3 To collect opinions from the participating NGOs, doctors, pharmacists and health service executives on the project and its sustainability.
3. To share the project experience with the HA as a proposal for Public Private Partnership Program.

FEATURES

- Free of charge (including consultation, medication supply, dispensing and drug counselling)
- 1-4 weeks of medication supply
- Patients can obtain medications within 3 days after visiting the doctor
- HA patients whose HA follow-up appointments are within a month are eligible
- The entire project was sponsored by donations
- Patient consent was obtained before accessing their eHR (electronic health record).

METHODOLOGY

1. Enrollment procedure
 - Patients registered via hotline or online application. Pharmacists determined the suitability of patients according to their electronic health record (eHR).
 - Pharmacists would then refer eligible patients to the clinic for consultation.
2. Consultation procedure
 - Doctors saw patients and examined the patient's eHR record, including last prescribed items pertaining to their upcoming follow-up appointment. Doctors then:
 - a) prescribed the same medications for a period of 1-4 weeks
 - b) explained the objectives and nature of CIMRS and reminded the patient to return to HA for a follow-up appointment
3. Dispensing procedure
 - Pharmacists dispensed medications and gave prescription copies to patients who would present the copies to HA doctors and pharmacists.

ACKNOWLEDGEMENT

We would like to thank the following list of funding organizations and individuals and their kind donations: Astra Zeneca Hong Kong Limited, Asia Pacific Beauty Group Limited, Blue Circle Move Company Limited, Broaden Leisure Outlets Company Limited, Johnson & Johnson (HK) Limited, Megasoft Limited, MUSE Group Asia Limited, Novartis Pharmaceuticals (HK) Limited, Roche Hong Kong Limited, Shang Sin Chun Tong Community Services Ltd, The Society of Hospital Pharmacists of Hong Kong, Winning Sage Caring Fund Limited, Ms CHAN Chun Fai, Mrs CHAN Ma Siu Tao, Ms CHAN Siu Yee, Ms Jenny CHAN, Ms Alice CHEUNG, Ms Annie CHEUNG, Ms Greeny Cheung, Dr CHOI Siu Wai William, Ms HUI Ka Wai, Mr Alex NG, Mr Alan TAM, Mr Wayne TAN, Mr Sunny WONG, Ms Winnie YIP. Besides, we would like to express our gratitude to all volunteers, including doctors, pharmacists and pharmacy students.