

[P-576E] Cost benefits of clinical pharmacist interventions in a VA primary care setting

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In December 1999, 332 patients who either represented an above average prescription workload or received medications that required more than \$2,000 in pharmacy funding during fiscal year 1999 and received care at one of the satellite clinics were identified. Each patient's record was reviewed by a clinical pharmacist to determine potential therapeutic duplication, prescribing authority not in accordance with Pharmacy and Therapeutics Guidelines, inappropriate authorization of refills, drug-drug interactions and improved drug regimens. The clinical pharmacist's recommendations were presented to the assigned primary care provider in letter format. Each recommendation, instructions for the provider to indicate concurrence or disagreement and space for comments was included in the letter. In order not to generate a cost driven decision process, the calculated cumulative savings per recommendation was not annotated but was computed separately. The letters were then returned to the clinical pharmacist and the indicated changes made. Of the 332 patients, 24% reflected a consensus in therapeutic management while the remainder generated a total of 638 recommendations, an average of 2.6 recommendations per patient with a potential cost avoidance of \$52,560.23. Data collection is ongoing and results will be presented.