

Use of LESS CoMMplex Medication Service Reduced Patient Medication Complexity Scores.

MRP's were identified and addressed through a tiered approach using complexity scores.

Objectives

To implement and evaluate the **Less CoMMplex** service in a community pharmacy – Goals were to:

- Reduce medication complexity
- Identify medication-related problems (MRPs)
- Resolve MRPs
- Work collaboratively with other providers

Background

Medication complexity increases due to:

- Multiple providers
- Multiple prescriptions
- Different dosing schedules

Community pharmacists positioned to work with patients and prescribers to manage medication complexity

IMECS Tool

Iowa Medication Complexity Score (IMECS)

- Simple method & easier than other complexity tools
- Sum of five components calculated for a 180-day lookback period
- Score can be calculated automatically and displayed in dispensing software

Number of different dosage forms

+

Number of dates of dispensing

+

Number of high-risk medications

+

Number of different medications

+

Number of unique prescribers

Methods

- **Less CoMMplex** service focused on patients at least 50 years old for interventions for **9-Month Period**
- **Iowa Medication Complexity Score (IMECS)** used to sort patients into three categories: High, Medium, Low
- Category dictated the intensity of service

N = 1,019 patients

- Low complexity received continuous medication monitoring (CoMM) services which identified, addressed and documented MRPs at time of dispensing
- Medium complexity received CoMM services, but also had targeted interventions
- High complexity received CoMM services and a CMR (comprehensive medication review)

Results

High Complexity Group

- About 60% Female
- 148 CMRs Performed
- Averaged 7.4 Medical Conditions

All Patients

- 10,535 MRPs Documented
- 10,482 Interventions Documented

Paired IMECS scores were compared. (p<0.01)

Mean Baseline IMECS = 28.63

Mean Treatment Period IMECS = 27.29

n = 661 patients

324 (49.0%) patients showed a decrease in their IMECS, while 146 (22.1%) showed an increase.

Most Common MRP Types

Medication Nonadherence	40.3%
Patient Counseling Indicated	17.1%
Therapeutic Duplication	16.8%
Needs Additional Therapy	8.9%

Most Common Interventions

Continue to Monitor	35.6%
Patient Counseling	16.6%
No Change in Therapy	12.8%
Drug Discontinued	10%

Conclusions/Implications

- A medication complexity service was able to reduce patients' medication complexity scores
- Using **IMECS** to sort patients for different services provided efficiencies to the pharmacy and the patients
- Future research is needed on this promising care model

FUNDING: This study was funded by the Center for Health Care Strategies