



JAYDOC
FREE CLINIC

Evaluation of patient follow-up and adherence after initiation of a free medication formulary at JayDoc student-run free medical clinic

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BACKGROUND

- Wyandotte County, KS has a poverty level of 18.4%¹.
- Poverty creates risk for patients to be non-adherent to preventative medications for fatal cardiovascular events.
- JayDoc Student Run Free Clinic aimed to combat this issue by providing free medications to patients in need.
- Patient adherence and clinical outcomes after receiving the free chronic formulary medications has not been recorded.

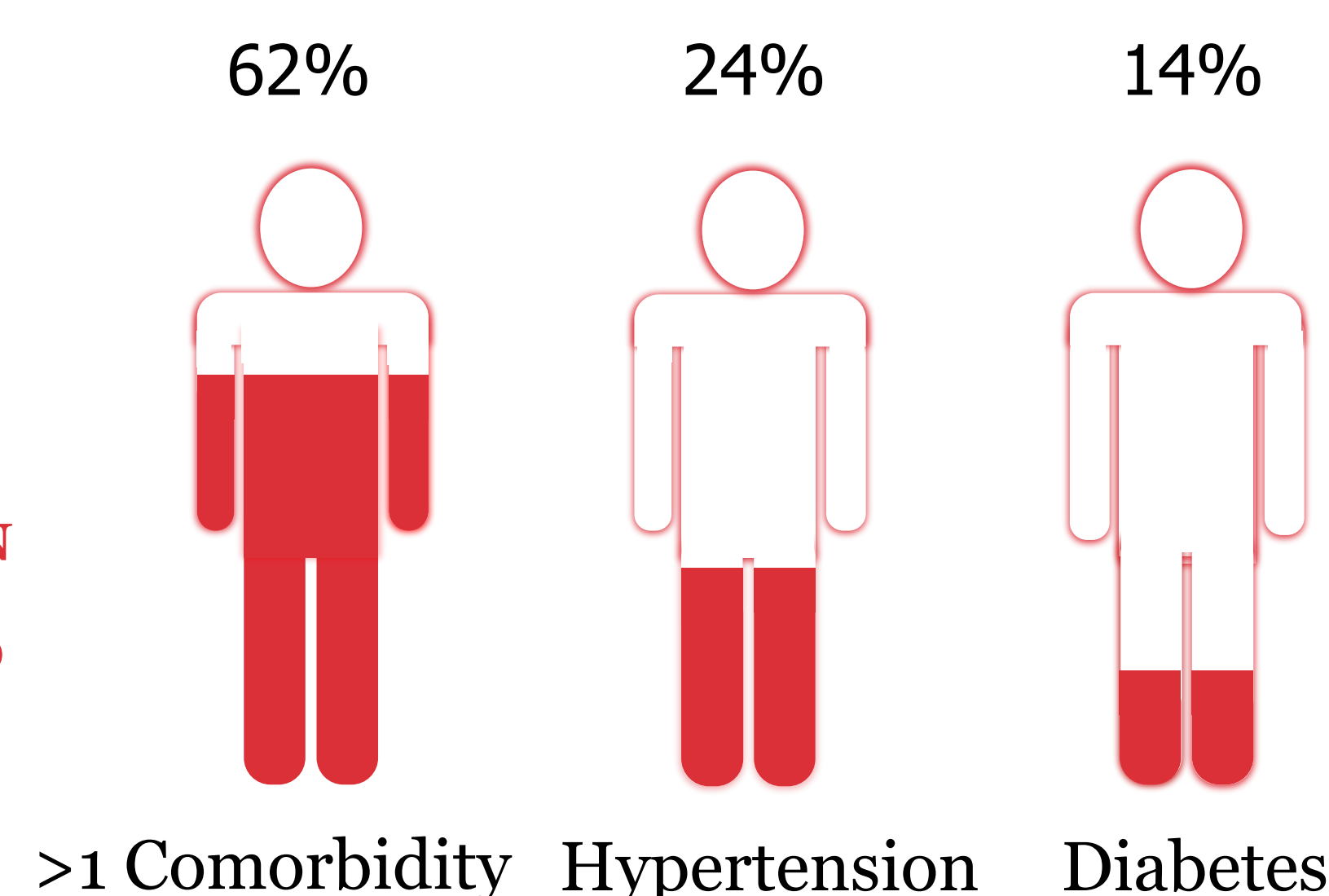
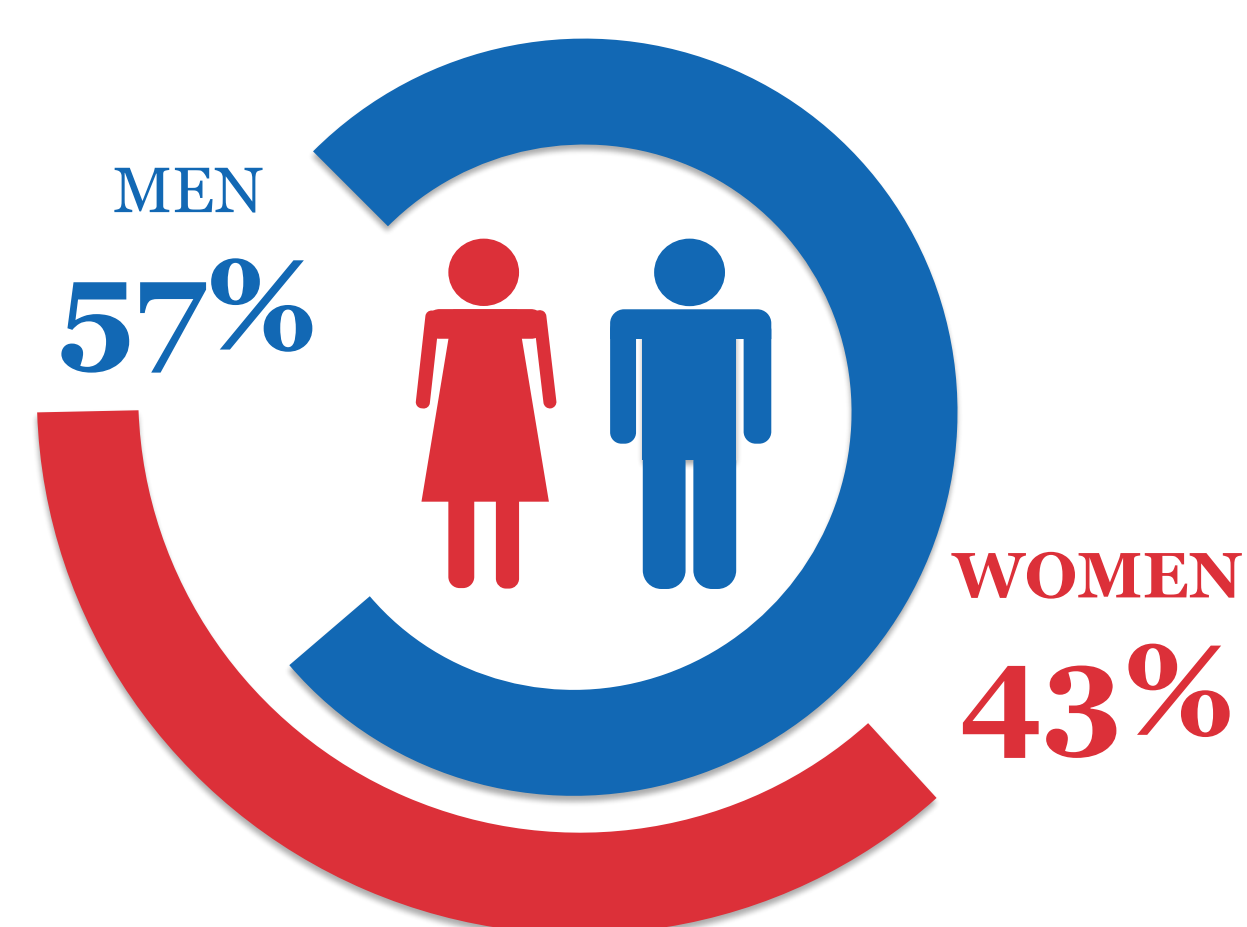
PURPOSE

- To evaluate the JayDoc clinic patients' follow-up to confirm adherence and clinical outcomes with the free formulary medications.

METHODS

- Retrospective chart review
- Inclusion criteria: patients who received a 30 day supply of free chronic use formulary medication between February 1, 2019 to September 5, 2019.
- Exclusion criteria: patients who received antibiotics.
- Chart review was performed to assess if follow-up scheduling or labs had been completed.
- Medications reviewed included: Lisinopril 10 mg, Amlodipine 10 mg, Atorvastatin 40 mg, Glipizide 5 mg, Hydrochlorothiazide 25 mg, Metformin 500 mg, or Metformin 1000 mg
- Descriptive statistics were used to describe patient demographics.
- The study was approved by the University of Kansas Medical Center IRB

DEMOGRAPHICS



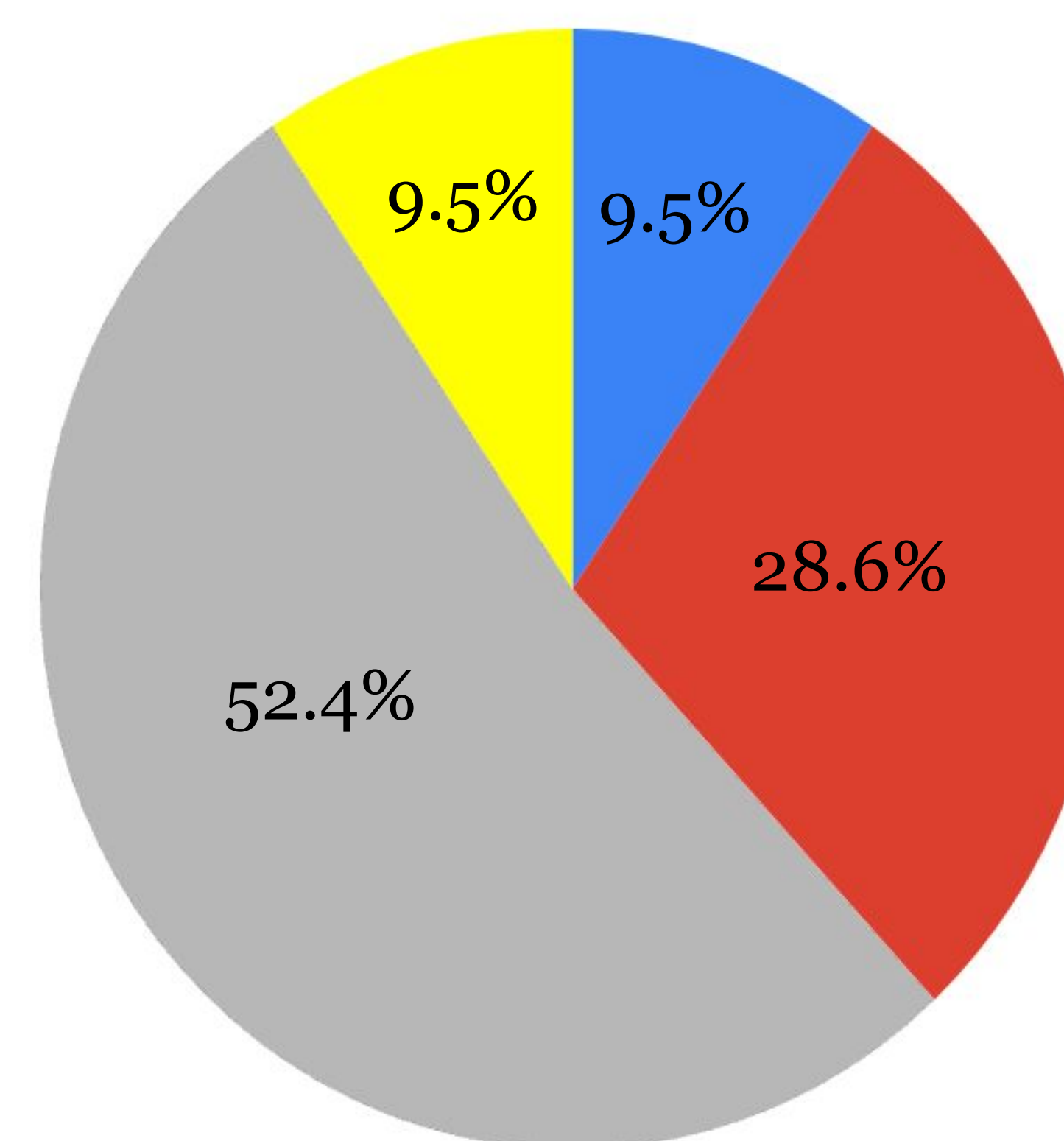
RESULTS

Data:	N(%)
Age, yrs (median)	46
Baseline Laboratory Tests*	
A1c%	2 (33)
Lipid Panel	0 (0)
Blood Glucose	2 (33)
Blood Pressure	3 (100)
Follow Up Laboratory Tests*	
A1c%	0 (0)
Lipid Panel	0 (0)
Blood Glucose	0 (0)
Blood Pressure	2 (67)

* Number of eligible patients receiving test

Data of Clinic Follow Up

- Follow Up with Positive Clinical Outcome
- Follow Up without Clinical Outcome
- No Follow Up
- Need Further Evaluation



REFERENCES

- "U.S. Census Bureau QuickFacts: Wyandotte County, Kansas." *Census Bureau QuickFacts*, 2018, www.census.gov/quickfacts/wyandottecountykansas.

DISCUSSION

- 16 patients were scheduled for follow-up appointments after receiving the formulary medications, however, only 8 patients received follow-up care.
- Blood pressure was decreased in 2 of the 3 patients.
- Only 2 out of 8 patients showed clinical success from formulary intervention, while the remaining 6 patients received inadequate follow-up that could not establish whether formulary medications were beneficial.
- 6 out of 14 patients who were scheduled for follow-up during the study time frame were non-adherent to appointments.
- Formulary intervention should be continued to be followed.
- Barriers to follow-up appointments persist which limit the effectiveness of free medications

LIMITATIONS

- Small sample size
- Short study time

CONCLUSIONS

- Confounding problems to adherence should be identified as free medications are not sufficient to improve clinical outcomes.
- This data will assist in creating new standards within the clinic for follow-up requirements when dispensing all prescriptions.

DISCLOSURES

- Mikaela McCabe: Nothing to disclose
- Marina Matthews: Nothing to disclose
- Megan Sheets: Nothing to disclose
- Brittany Melton: Nothing to disclose

ACKNOWLEDGMENTS

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