

Patient tool in combination antiplatelet Rx

Resource kit supports seamless care in ACS

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Cardiovascular patients receiving dual antiplatelet therapy may benefit from a resource kit that explains the role of medication in acute coronary syndrome. This initiative from The Canadian Cardiovascular Pharmacists Network/Réseau Canadien des Pharmaciens Impliqués en Soins Cardiovasculaires (CCPN/RCPC) is a tool for hospital and community pharmacists striving to support patients who are being discharged after having an acute coronary syndrome.

The kit includes:

- Information sheets for patients and their community pharmacists and family physicians
- Suggested strategies on reimbursement issues.

Background: Clopidogrel is an antiplatelet agent that, in combination with ASA, is effective in patients undergoing percutaneous coronary interventions and those with non-ST elevation acute coronary syndrome (ACS). When patients are discharged on this combination, therapy can be disrupted for a variety of reasons, including conflicting advice from community pharmacist or family practitioner, or the prescription not being filled due to cost or coverage issues. The aim of this discharge kit is to allow hospitals to have a choice of readily adaptable tools to facilitate the transition of a patient from the hospital to home.

Goal: To ensure that patients who would benefit from the combination antiplatelet therapy receive it in a seamless manner after discharge.

Project descriptor: A resource kit has been developed to support seamless care for the acute coronary syndrome patient. It includes:

- 1) Three information sheets (for patient, community pharmacist, family practitioner). They explain the rationale for combination therapy, projected length of therapy, and answers to frequently asked questions.

- 2) Formatted medication schedule that can be individualized.
- 3) Province-specific reimbursement strategy — information sheets reviewing how reimbursement can be obtained for these indications, including a standard template form for provincial drug benefit reimbursement.

Components may be available electronically in 2005 from sponsors (below) so that the kit can be adapted to hospital-specific requirements. ■

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