A descriptive analysis of the Ontario MedsCheck annual pharmacy medication review service

Lisa Dolovich, BScPhm, PharmD, MSc; Giulia Consiglio, BSc, MSc; Lusine Abrahamyan, MD, MPH, PhD; Elizabeth Bojarski, BA, MPH; Linda MacKeigan, BScPhm, PhD; Petros Pechlivanoglou, MSc, PhD; Nedzad Pojskic, MSc, PhD; Valeria Rac, MD, PhD; Murray Krahn, MSc, MD; Suzanne Cadarette, MSc, PhD; Jiandong Su, BSc

OBJECTIVES: A MedsCheck Annual (MCA) consultation is a medication review service funded by the Ontario government for people taking three or more prescription medications for chronic conditions. The objective of this study was to describe the demographic and clinical characteristics of MCA service recipients.

METHODS: This cohort study leverages linked administrative claims data from April 1, 2007 to March 31, 2013 including the Ontario Drug Benefit program data where MCA services are recorded using a Product Identification Number (PIN). Descriptive statistics were calculated for recipient characteristics and stratified by age and sex. Trends over time were examined by plotting the number of services and unique patients by month.

RESULTS: The MCA service was provided to 1,498,440 Ontarians (55% seniors, 55% female) over 6 years. One-third of recipients (36%) had two or more MCA over the 6-year period. Service provision increased over time with a sharper increase after 2010. Ten percent of recipients had experienced a hospitalization or emergency department visit 30 days prior to their MCA service; and seven percent had high medication costs in the prior year ($4000+). Diagnoses of hypertension (68%), COPD or asthma (31%), diabetes (30%), psychiatric condition (28%) and arthritis (27%) were most common. Service recipients over 65 years old were most commonly dispensed an antihypertensive (81%), antilipidemic (64%), or a diuretic drug (49%) in the prior year and received an average of 12 prescription drugs.

CONCLUSIONS: Over a 6 year period, approximately one in nine Ontarians has received an MCA, with the majority having cardiovascular disease. Service delivery has increased over time; however, the number of persons receiving the service more than once is low.