

Engaging hospitalized youth with medication education groups during the COVID-19 pandemic

How to cite: James SM, Nahmias RA. Engaging hospitalized youth with medication education groups during the COVID-19 pandemic. *Ment Health Clin* [Internet]. 2020;10(5):305-6. DOI: 10.9740/mhc.2020.09.305.

Dear Editor:

According to the World Health Organization, prior to the pandemic, 50% of people with chronic disease in developed countries did not take their prescribed medication.¹ Two studies by Mishra et al^{2,3} found that patients diagnosed with bipolar disorder and schizophrenia receiving pharmacist-led education had improved medication adherence and quality of life. Patient medication education groups (PMEGs) as defined by the College of Psychiatric and Neurologic Pharmacists allow patients the unique opportunity to interact with individuals who may share similar life experiences during the educational session.⁴ The PMEGs have been shown to improve clinical outcomes for a variety of disease states, including reduction in emergency department visits for psychiatric reasons following repeated attendance on an inpatient psychiatric unit.⁵ At a 121-bed inpatient psychiatric hospital in Indianapolis, Indiana, PMEGs began in 2005. Fifteen years later, 5 psychiatric pharmacists work together to provide weekly PMEGs to patients with a wide variety of mental illnesses and ages. The PMEGs are generally well attended and highly interactive. Activities and handouts provide patients with the opportunity to meet their unit pharmacist, ask questions, and learn about resources available after discharge.

In March 2020, during the COVID-19 pandemic, psychiatric pharmacists transitioned to working remotely, and PMEGs ceased. A month later, a behavioral health clinician suggested a solution to restart PMEGs on the inpatient youth unit. Over the next several weeks, the clinician and psychiatric pharmacy resident formed a team to implement and continuously improve the newly established remote PMEG. The process included the resident connecting to the unit via Cisco WebEx (Milpitas, CA), a HIPAA (Health Insurance Portability and Accountability Act)-compliant video-conferencing software utilized by providers for remote patient care. The resident was able to see and hear the unit via the computer camera and microphone. A video of the resident and presentation was projected onto a wall in

the main room of the unit, allowing patients to spread out across the unit to maintain social distancing while still being able to view the presentation. Patients had an opportunity to approach the computer and ask individual questions; following the first weeks, many common questions were incorporated into the presentation. The main tool utilized by the resident was a slide deck that included material from handouts and activities developed for in-person PMEGs.

The COVID-19 pandemic has inspired creative minds to stretch the limits of technology to allow continued connection during a time of physical distance. With the help of technology and dedicated unit staff, remote pharmacist-led PMEGs are possible and allow the continued delivery of quality, patient-centered care. This presents exciting opportunities for technology-enabled patient medication education. By utilizing similar techniques, treatment facilities without dedicated onsite clinical pharmacists may offer group education to their patients for the first time. With the help of new processes and technology born out of necessity, innovative solutions have been developed that may have continued utility beyond pandemic times.

Acknowledgments

A special thanks to Bobby Wade and Shannon Saldaña for their efforts to improve patient medication education groups and for reviewing this article.

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Disclosures: The authors declare no relevant conflicts of interest or financial relationships.



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