OBJECTIVES

INTRODUCTION

- Limited health literacy is associated with increased disease burden, worse clinical outcomes, and overall greater annual healthcare costs.1,2
- Kidney transplant recipients with low health literacy are at a 14% increased risk of medication nonadherence.3
- Medication nonadherence is one of the largest threats to allograft function.3
- Identifying patients with limited health literacy allows for opportunities to provide tailored interventions to help patients become more active participants in their care and to improve post-transplant outcomes.

AIMS:

1. Develop a medication education intervention algorithm that incorporates health literacy scores and evidence based educational interventions.
2. Implement the medication education intervention algorithm and evaluate what effect medication education interventions have on transplant medication knowledge.
3. Make recommendations for sustainability and scalability of the medication education intervention algorithm including expansion into other areas including the pre-transplant evaluation.

METHODS

AIM 1: Develop a Medication Education Intervention Algorithm

Selection of assessment tools:
- Newest Vital Sign (NVS)
- Self-efficacy for Appropriate Medication Use (SEAMS)
- Transplant Pharmacy Medication Quiz

Medication education interventions:
- Printed MedAction Plan
- Medication education with teach back
- Mock pillbox filling

AIM 2: Implementation and Evaluation of Medication Education Intervention Algorithm

- Convenience sampling
- Metrics: pre-test/ post-test method
- Descriptive statistical analysis, Chi-Square Test, and Anovas

AIM 3: Project Scalability and Sustainability

- Expand training to include multidisciplinary staff
- Implement algorithm into current workflow
- Collaborate with other transplant centers
- Obtain additional funding to equip clinic
- Present findings at national conferences
- Publish findings in academic journals

REFERENCES