



Pharmacist assisted care of rheumatology patients in the outpatient setting: a prospective study of time and value added

St. Peter's Health

Brett Amestoy, PharmD, Channa Richardson, PharmD, BCPS, CPP, Andrew Glueckert, PharmD, Thomas Richardson, PharmD, BCPS AQ-ID, Starla Blank, PharmD, James Bennett, MD

Background

According to the World Health Organization, there are over 150 diagnosable rheumatologic or musculoskeletal diseases and syndromes. The Centers for Disease Control and Prevention estimated arthritis and other rheumatologic diseases affect approximately 54.4 million United States adults, equaling about 25% of the population. Due to the heavy reliance on medications in rheumatologic diseases, pharmacists may have great opportunities to improve patient care and outcomes. At a rural Montana health system, one of two rheumatologists serving the community left the practice. This well-established provider was responsible for nearly 700 patients, leaving a great hole in service that needed to be filled. In an attempt to support the sole rheumatologist, as well as the various primary care providers involved in the care of these patients, 1.0 pharmacist FTE was added to the rheumatology clinic. The planned clinical pharmacist services included assistance with medication selection, facilitation of patient consent to treat, monitoring follow-up labs, optimizing medication therapy, and assessing medication tolerance. The pharmacist will also be utilized to assist in the management of the infusion center, and as additional support to their staff.

Objectives

Primary Objective: Assess time-value added to rheumatologist through pharmacist interventions in the rheumatology clinic.

Secondary Objectives:

1. Track pharmacist managed interventions
2. Increase total provider appointments per day
3. Quantify medication errors avoided
4. Decrease time to available follow up
5. Assist in management of outpatient infusion center
6. Improve overall staff and provider satisfaction

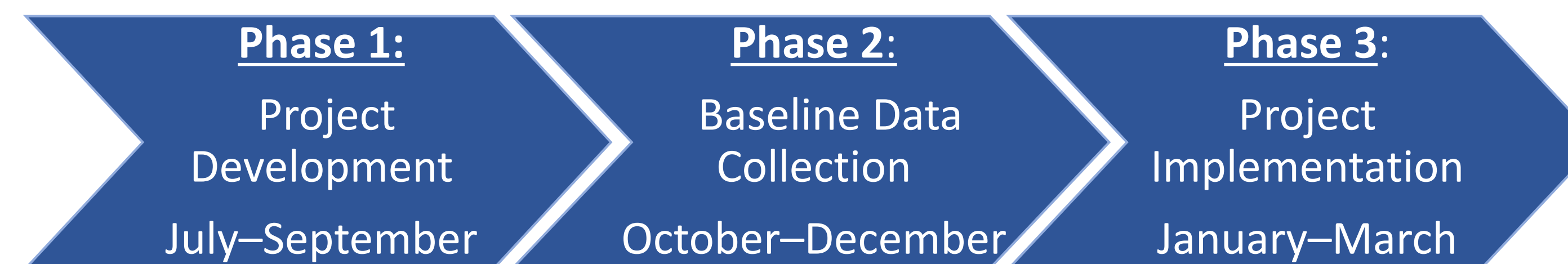
Research Design

The research design will be quasi-experimental including a retrospective data review for baseline information and a prospective phase with rheumatology pharmacist interventions. Each intervention will be given pre-defined time saving value to the rheumatologist for consistency.

- Simple (5 minutes)
- Intermediate (15 minutes)
- Complex (30 minutes)
- Other (<30 minutes determined by pharmacist)

Medication errors avoided, patient visits completed, and the number of patients referred back to primary care will be tracked as additional metrics of pharmacist value.

Methods



Phase 1: Project Development

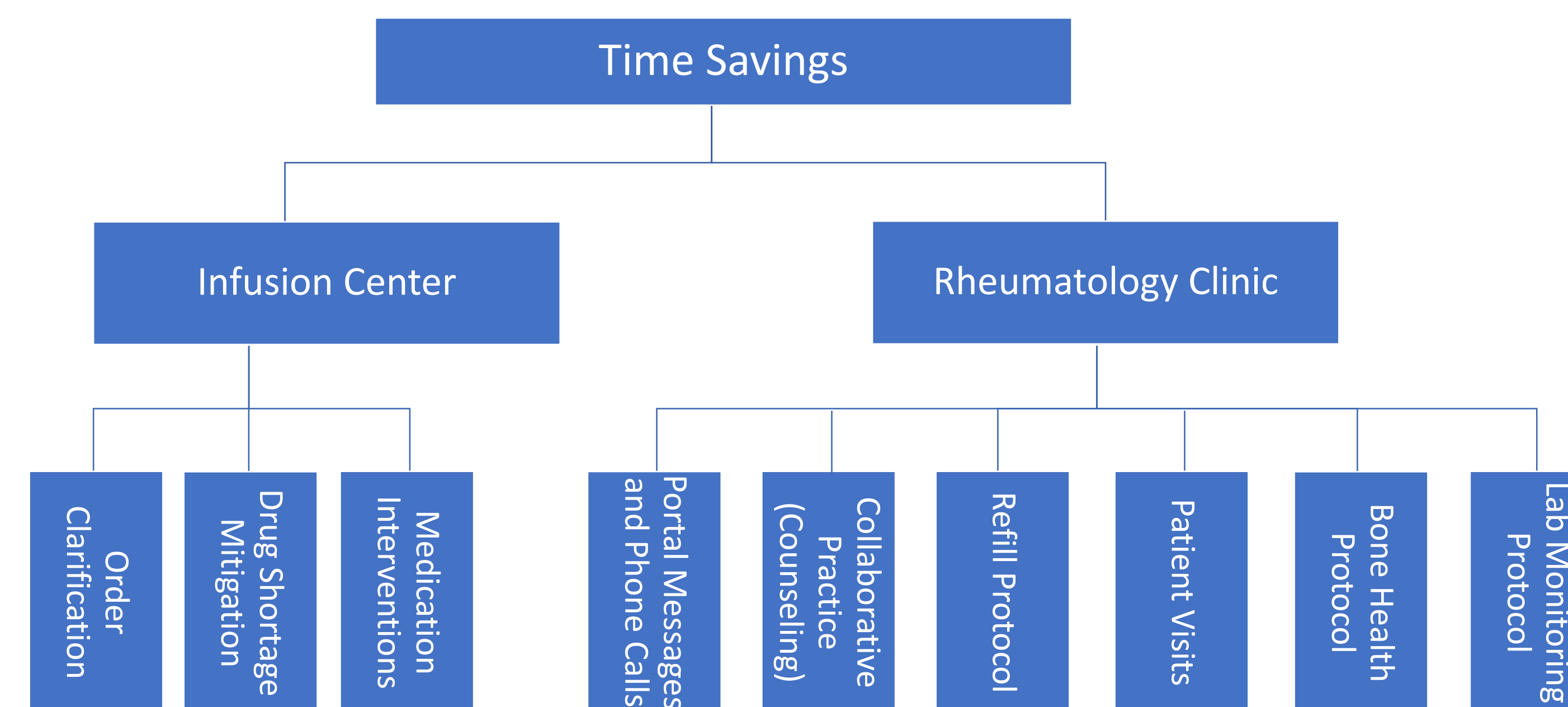
- Background research
- Stake holder identification
- Draft project proposal
- Identify opportunities for involvement
- Draft pharmacist led protocols

Phase 2: Baseline Data Collection

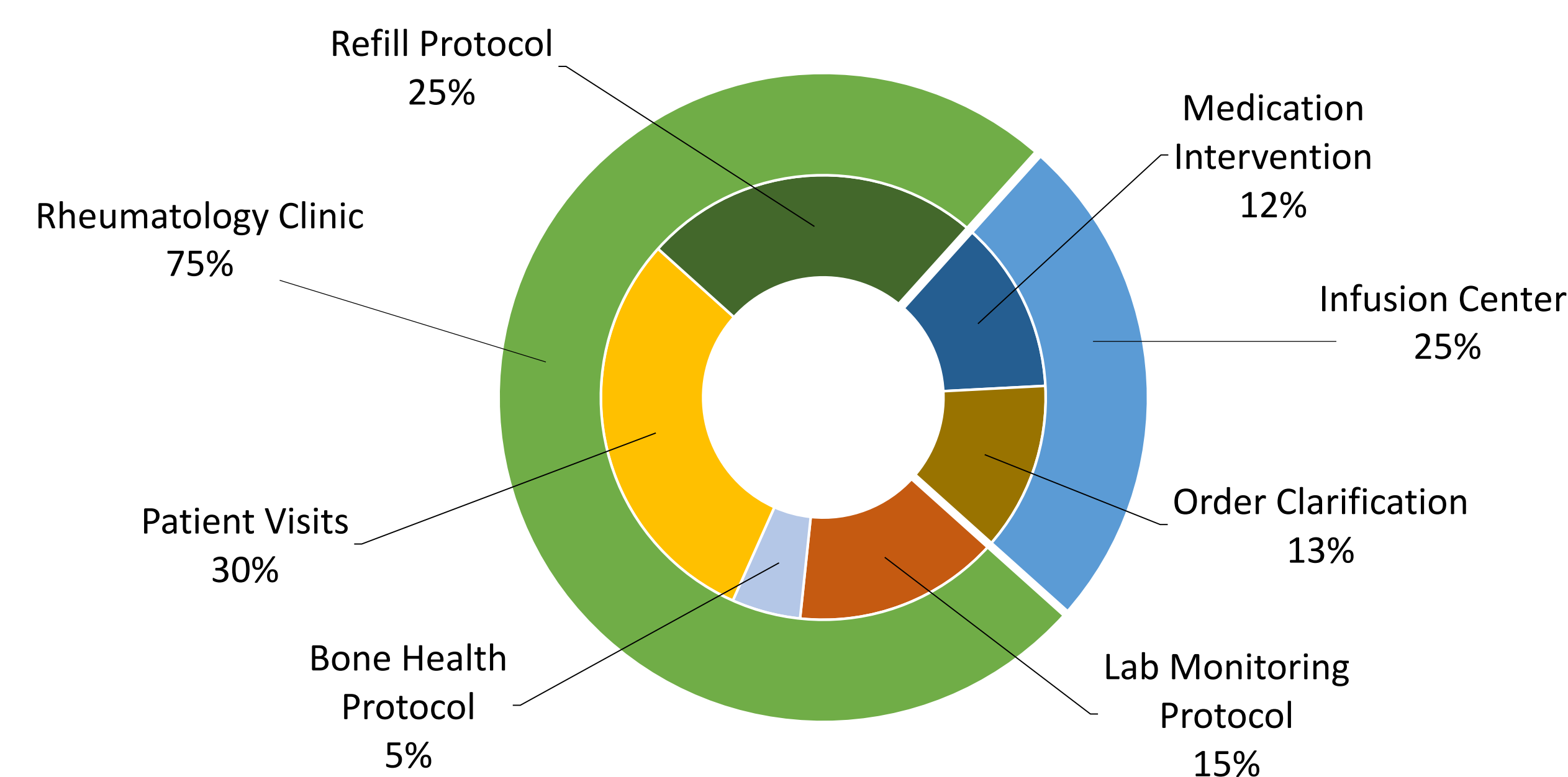
Identified areas for time saving

Portal messages	Reviewing lab results
New medication counseling	Obtain consent to treat
Answering provider questions	Assist in infusion clinic management
Assist in bone health management	Identify patients for PCP management

Phase 3: Project Implementation



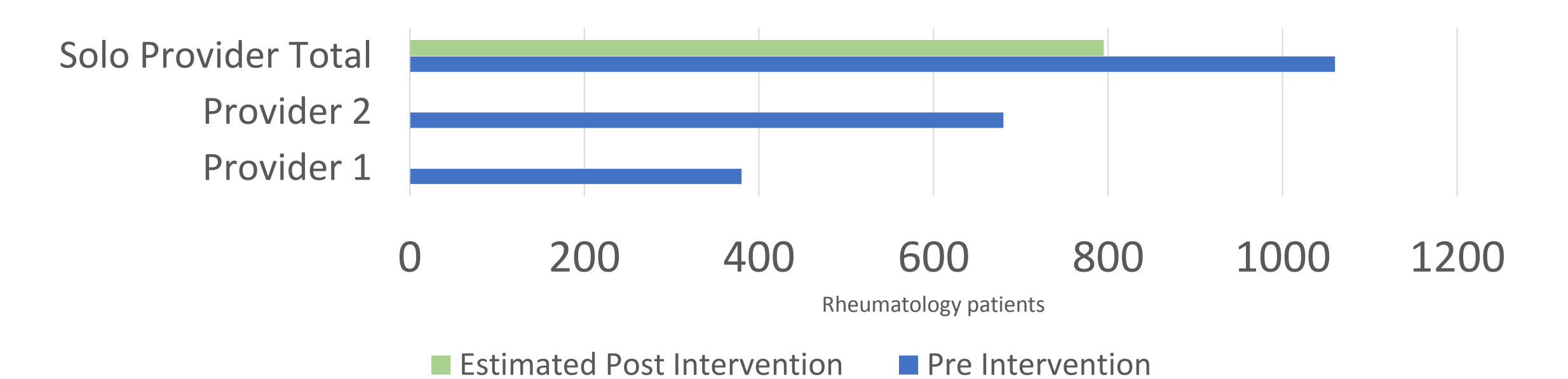
Pharmacist approximate time break down per week



Baseline Data

The rheumatologist is currently scheduling 12 patients per day and has a follow-up wait time of 18 weeks. He has reported spending greater than 50 hours per week in clinic and numerous hours at home completing laboratory reviews.

Expected patient total before and after pharmacist intervention: 2020 Goal



Pharmacist intervention time savings in Oct.

	Quantity	Rheumatologist time saved (minutes)
Interventions	12	300
Educations	13	240
Total	25	540

An approximate time savings of 9 hours was captured through interventions and new medication educations. This equated to around 20 minutes per day, a number that was confirmed to be accurate by the provider's own reflection.

Discussion

In the first few months of pharmacist involvement in the rheumatology clinic, there has been a demonstrable positive effect on rheumatologist time. These changes have been noted even prior to the approval of any protocols or the collaborative practice agreement. Future development will include the following:

- Referral of stable patients back to primary care
- Establishing pharmacist schedule for patient appointments
- Development of collaborative workflow with rheumatologist to further assist in new medication education/counseling
- Utilization of approved protocols
 - Bone Health monitoring
 - Refill authorization protocol
 - Lab monitoring protocol

We hope to demonstrate significant time saving, increase provider availability, and improve outcomes through collaborative care.

References and Disclosures

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2. American College of Rheumatology. Prevalence statistics. Accessed 10/7/19. <https://www.rheumatology.org/Learning-Center/Statistics/Prevalence-Statistics>
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4. Hall JJ, Katz SJ, Cor MK. Patient satisfaction with pharmacist-led collaborative follow up care in an ambulatory rheumatology clinic. Musculoskeletal Care. 2017;15(3):186-195.

Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.
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