

# **Evaluation and Impact of a Gastroenterology Specialty** St. Peter's Health Pharmacist, an Expansion of a Health System Based **Specialty Pharmacy Service**

# BACKGROUND

St. Peter's Health (SPH) specialty pharmacy services began in February 2022 with integration of a pharmacist into the rheumatology clinic and cancer care center for management of oral oncolytics. Following success of the specialty pharmacy program, the specialty pharmacy clinical services will be expanded into other specialty areas, including the gastroenterology clinic, to assist with management of inflammatory bowel conditions and hepatitis C. Specialty medications account for an estimated 50% of the annual amount spent on medications in the United States, and this number is only expected to increase making the need for specialty pharmacy services and expertise crucial.<sup>1,2</sup> These medications are high risk and have potential for significant adverse effects and drug interactions, requiring close monitoring. A study published in 2017 found that integrated specialty pharmacy services into specialty clinics resulted in a decrease in provider and clinic burden, expedited time to medication approval an initiation, patient cost savings, improved medication adherence and improved continuity of patient care.<sup>3</sup> During the 2022 fiscal year there was an estimated total of 225 specialty prescriptions for GI conditions and 19 prescriptions for HCV treatment at SPH. These prescriptions represent viable opportunities for specialty pharmacy involvement. Previously, patients and providers of SPH relied on outside specialty pharmacies for fulfillment of these medications. This type of process often results in delayed treatment initiation by days or weeks as the procurement process is lengthy and complex. Furthermore, as the specialty pharmacy is outside of the health system the monitoring of these medications may be less meticulous. The purpose of expanding specialty pharmacy services into the gastroenterology clinic is to provide a simplified process of medication procurement and monitoring. For patients enrolled in the program, medications will be dispensed from the health system specialty pharmacy with collaborative monitoring. The expanded specialty pharmacy services at SPH will have the primary focus to improve time to treatment initiation, clinical interventions, and patient and provider satisfaction.

# **OBJECTIVES**

**Primary Objective**: To evaluate the impact of an integrated gastroenterology specialty pharmacist on patient safety and medication adherence.

### **Secondary Objectives:**

- Time to treatment initiation after initial prescribing
- Pharmacist interventions
- Cost savings to the patients and other financial impact
- Patient satisfaction
- Care team satisfaction

# **AREAS FOR IMPACT**



Rikki Berg, PharmD., Taylor Sandvick PharmD., BCPS, and Channa Richardson, PharmD., BCPS



### **Refill Management**

- Secure refill prescriptions from providers
- Complete required Prior Authorizations
- and appeals • Coordinate refill management with patient

### Patient Monitoring

- Monitor patients requiring follow-up
- Conduct in-clinic follow-ups with
- Address inquiries from clinic staff and providers

# Phase 4: Data Collection

The following items will be analyzed through prospective data review:

patients to monitor safety and efficacy



**Medication Procurement**  Complete prior authorizations and appeals

- Coordinate medication fill Provide initial medication counseling and education
- Clinical interventions
- Time to therapy initiation
- Adherence
- Refill assessment
- Patient satisfaction
- Cost savings to patient
- Financial impact to the institution



# **PROPOSED PHARMACIST** RESPONSIBILITIES

o and nt the ing	<ul> <li>Collaborative practice agreement(s)</li> <li>Guidelines, policies, and protocols</li> <li>Clinical interventions to be tracked</li> <li>Adverse effect monitoring</li> <li>Utilize Therigy as specialty therapy management software</li> <li>Patient education handouts and counseling</li> <li>Patient monitoring and follow-up</li> <li>Continuous quality improvement</li> <li>Data reporting</li> <li>Provide a direct phone line for patient questions or concerns</li> </ul>
n the ving es:	<ul> <li>Initial patient screening</li> <li>Medication and immunization reconciliation</li> <li>Medication procurement</li> <li>Initial patient education and counseling</li> <li>Ordering and monitoring of laboratory values</li> <li>Communicate therapy plan, response, and lab results with referring provider</li> <li>Coordinating patient follow-up appointments</li> <li>Assess medication adherence</li> <li>Assess therapy tolerability</li> <li>Assess therapy tolerability</li> <li>Assessment of patient quality of life</li> <li>Inquire about emergency room visits and hospitalizations</li> </ul>

# DISCUSSION

Through expansion of specialty pharmacy services with an integrated pharmacist in the gastroenterology clinic, patients that are prescribed specialty medications by a SPH provider will be offered a simplified fulfillment process, support services, and optimized therapy management to positively impact care. This will be done by providing patients with accessible support services, increasing access to medications, collaborative therapy monitoring to ensure efficacy and tolerability, patient education and counseling and refill coordination. The purpose of developing and implementing this process will be to offer care support services and efficient fulfillment to achieve better patient outcomes.

# REFERENCES

1. Jaspen, B. Health plans brace for specialty drugs eclipsing 50% of prescription spending. Forbes. May 3, 2022. Available at: https://www.forbes.com/sites/brucejapsen/2022/05/03/health-plans-brace-for-specialtydrugs-eclipsing-50-of-prescription-spending/?sh=5b6a30d4307d

2. Net spending on specialty pharmaceuticals surging. U.S. Pharmacist. January 22, 2021. Available at: https://www.uspharmacist.com/article/net-spending-on-specialty-pharmaceuticals-surging

3. 3. Bagwell A, Kelley T, Carver A, et al. Advancing patient care through specialty pharmacy services in an academic health system. J Manag Care Spec Phar. 2017;23(8):815-820

# **AUTHOR DISCLOSURES**

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: Rikki Berg: Nothing to Disclose, Taylor Sandvick: Nothing to Disclose, Channa Richardson: Nothing to Disclose