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EVALUATION AND IMPACT OF A GASTROENTEROLOGY SPECIALTY PHARMACIST, AN EXPANSION OF A HEALTH SYSTEM BASED SPECIALTY PHARMACY SERVICE

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DISCLOSURE STATEMENT

- IRB status: Exempt
- Co-investigators:
 - Taylor Sandvick, PharmD, BCPS
 - Channa Richardson, PharmD, BCPS
- Conflicts of interest: None
- Project sponsorship: None

IRB: Institutional Review Board



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ST. PETER'S HEALTH

- About St. Peter's Health (SPH)
 - 123-bed hospital
 - Serves an estimated 97,000 people across five county areas
 - Over 20 specialty clinics
 - Oncology
 - Rheumatology
 - Cardiology
 - Gastroenterology
 - Specialty pharmacy established in February 2022



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BACKGROUND

- SPH implemented a HSSP in 2022, initially enrolling patients in the rheumatology and cancer treatment clinics
 - The purpose of this project was to expand specialty pharmacy services to the gastroenterology clinic
- Goals of HSSP development:
 - Improve time to treatment initiation
 - Improve clinical outcomes
 - Improve patient satisfaction with simplified process and collaborative management

SPH - St. Peter's Health, HSSP - Health System Specialty Pharmacy

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BACKGROUND

- Specialty medications are those that generally involve one or more the following:
 - Used to treat complex and/or rare diseases
 - Special handling, administration, storage or monitoring
 - May be available through limited distribution networks
 - High cost
- Specialty Pharmacies differ from retail pharmacies in the following ways:
 - Limited inventory, low prescription volume
 - Accreditation required
 - Embedded pharmacists provide comprehensive and collaborative clinical management

1. Specialty Medications by Condition (n.d.). University of Michigan Health Michigan Medicine Website. Accessed April 6, 2023. Available at: <https://www.uofmhealth.org/conditions-treatments/specialty-pharmacy-services>

2. The Ins and Outs of Specialty Pharmacy (12/6/18). Pharmacy Times Website. Accessed April 6, 2023. Available at: <https://www.pharmacytimes.com/view/the-ins-and-outs-of-specialty-pharmacy>



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BACKGROUND

- Integrated specialty pharmacists augment patient care and support clinic staff
- A study completed by Vanderbilt Specialty Pharmacy demonstrated the following through integration of a specialty pharmacist into specialty clinics:
 - Decreased provider and clinic burden
 - Expedited time to medication approval and initiation
 - Patient cost savings
 - Improved medication adherence
 - Improved continuity of care

Bagwell A, Kelley T, Carver A, et al. Advancing patient care through specialty pharmacy services in an academic health system. J Manag Care SpecPhar. 2017;23(8):612-620



STUDY OBJECTIVES

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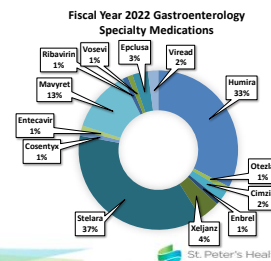
- Primary objective
 - Evaluate the impact of an imbedded gastroenterology specialty pharmacist on safety and medication adherence
- Secondary objectives
 - Track pharmacist managed interventions
 - Decrease time to therapy initiation
 - Augment cost savings to the patient and institution
 - Assess care team satisfaction post-implementation



METHODS: PHASE I BASELINE DATA COLLECTION

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- Fiscal year 2022 specialty prescriptions:
 - 225 for GI conditions
 - 19 for hepatitis C
- Each prescription represents an opportunity for patient enrollment and pharmacist intervention
- Conversion of 50% of prescriptions would provide sufficient revenue to support a clinical pharmacist based on average margin data



METHODS: PHASE II PROJECT DEVELOPMENT

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The following were developed prior to implementation:

- Background research
- Stakeholder identification
- Pharmacist intervention tracking tool
- Model for embedded pharmacist
- Proposed pharmacist responsibilities

Pharmacist Patient Care Targets
Medication procurement
Treatment optimization
Coordination of patient care
Adverse effect management
Therapy monitoring
Navigation of financial barriers
Patient education and counseling
Adherence management
Refill coordination



METHODS: PHASE III PROJECT IMPLEMENTATION

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- Patient enrollment began in November 2022
- Eight week pilot with embedded pharmacist from January to March 2023
- Implementation of pharmacist workflows
- Identification and development of collaborative practice agreements



METHODS: PHASE III PROJECT IMPLEMENTATION

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1. Specialty medication prescribed
 - Pharmacist consulted for therapy recommendations as necessary
2. Initial patient encounter
 - Discuss specialty pharmacy services and process for enrollment and medication procurement
3. Benefits investigation
 - Insurance coverage requirements, prior authorization, and other financial troubleshooting
4. Initial patient education and medication pickup or delivery coordination
 - Delivery service development in process
5. Therapy initiation
 - Complete process may take several days to weeks depending on barriers encountered
6. Ongoing refill management and therapy monitoring



METHODS: PHASE IV DATA ANALYSIS

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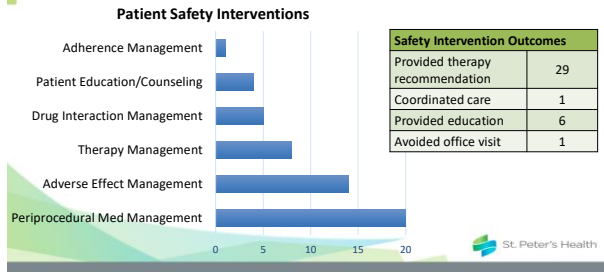
The following areas have been analyzed through a retrospective review:

- Medication adherence
- Interventions related to patient safety
- Clinical interventions
- Time to therapy initiation
- Financial impact to patients and institution
- Care team satisfaction



RESULTS: PRIMARY OBJECTIVE

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RESULTS: PRIMARY OBJECTIVE

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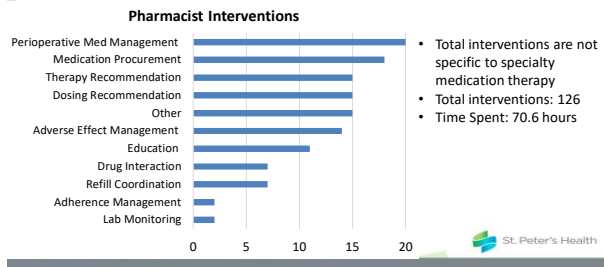
- Medication adherence was assessed using the proportion of days covered (PDC) calculation
- The Pharmacy Quality Alliance supports a general PDC threshold of 80% to achieve clinical benefit from a medication

At SPH, after implementation of a specialty pharmacy service in gastroenterology, the average PDC was 94.6%



RESULTS: SECONDARY OBJECTIVES

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RESULTS: SECONDARY OBJECTIVES

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Phase	Time (Days)
Pre-Implementation	38 Days
Post-Implementation	6 Days

Phase	Time (Days)
Pre-Implementation	47 Days
Post-Implementation	23 Days



RESULTS: SECONDARY OBJECTIVES

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Annual Patient Cost Savings	\$348,604
Institution Gross Margin (n=31)	\$64,244

Care Team Satisfaction Metrics (n=3)	Team Member Response (%)
Satisfied by all pharmacist interactions	67%
Enhanced patient care	100%
Decreased care team burden	100%
Improved patient access to medications	67%
Helped with management of complex patients	100%

- Patient cost savings achieved through use of the following:
 - Patient assistance programs
 - Co-pay cards
 - Alternative pharmacies
 - Formulary covered medications

DISCUSSION & CONCLUSION

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- Implementation of an embedded specialty pharmacist in the gastroenterology clinic demonstrates positive patient and institutional outcomes
 - Ample opportunity for pharmacist involvement and intervention for specialty and non-specialty therapies
 - Provided streamlined access to specialty medications through simplified fulfillment process
 - Faster time to therapy initiation from time of prescribing
 - Significant cost savings to patients
 - Positive financial impact to the institution



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FUTURE DIRECTIONS

- Continue enrolling gastroenterology patients in our specialty pharmacy program
- Offer pharmacist collaborative therapy management for hepatitis C patients
- Continue establishing the role of a medically-integrated specialty pharmacy service through workflows and protocols
- Implement collaborative practice agreements for specialty therapy management
- Implement practices consistent with accreditation standards
- Expand specialty pharmacy services into other specialty clinics



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QUESTIONS?

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