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National Association of Specialty Pharmacy's Education Committee Unveils Winners of Abstracts from Members on Boosting Patient Engagement & Enhanced Clinical Outcomes

Washington, D.C. (Sept. 20) — On the final morning of the fifth annual National Association of Specialty Pharmacy (NASP) meeting, the NASP Education Committee [unveiled winners](#) of the abstracts submitted by members, highlighting research in specialty pharmacy, along with efforts to enhance patient engagement and clinical outcomes. The Education Committee evaluated each abstract based on novelty of the research, significance of the findings, relevance to specialty pharmacy, and clarity. This year, [35 abstracts](#) were submitted by members - from educational and research institutions like Vanderbilt University to corporations like Walgreens - working to address diseases from Parkinson's and cancer to MS and HIV. Submission categories included: delivery of specialty pharmacy products or services; adherence; outcomes (cost or other); and student research.

"As many of our speakers yesterday emphasized, it is important for specialty pharmacy to highlight its significant contributions to clinical outcomes for patients by documenting studies and data," said [NASP Executive Director Sheila Arquette](#). "The work reflected in the posters and abstracts submitted at NASP 2017 will be a great contribution to our ongoing efforts to elevate awareness for the differentiated outcomes that specialty pharmacy delivers for patients every day."

First Place Title: Economic Analysis of Molecular Mutation Testing in Real-World Practice Using Claims Data: Costs of Single Gene vs. Panel Tests in Patients with Lung Cancer

Authors: A. Dalal, K. Dea, A. Guerin, K. Culver | Presenting: Alex Mutebi, PhD

Background & Objectives: In lung cancer, BRAF mutation and other driver mutations can be detected by single gene tests (e.g., reverse transcription polymerase chain reaction [RT-PCR]) and panel tests (e.g., next-generation sequencing [NGS]). No information exists in literature on the costs of genetic testing from a payer perspective for patients (pts) with BRAF mutated lung cancer. To assess time to BRAF testing, the abstract compared characteristics between pts tested vs. not tested for BRAF mutation, and described the amount reimbursed for BRAF tests, and the total cost for BRAF testing following a sequential vs. an NGS approach.

Conclusions: Amounts reimbursed for BRAF mutation tests vary based on the combination of procedures. Findings suggest NGS testing is associated with cost savings compared with sequential testing of individual mutations.

Second Place Title: Collaboration and Data Reporting for Hemophilia Specialty Pharmacy Management: Metric Development for Quality Improvement

Authors: V. Pindolia, M. Rice, K. Koulianos | Presenting: Michelle Rice, BA

Background & Objectives: Hemophilia represents a significant driver of healthcare resource utilization, requiring expert hematologic and multidisciplinary services to achieve optimal outcomes. Despite serving as federally recognized centers of excellence in managing this unique patient population for more than 40 years, hemophilia treatment center (HTC) collaboration with specialty pharmacy providers (SPPs) and payers is currently lacking. This is largely due to a lack of communication and information shared between stakeholders. Routine information sharing between HTC/SPP and payer stakeholders is paramount to improving outcomes in hemophilia; the Comprehensive Care Sustainability Collaborative (CCSC) initiative provides a unique forum for such dialogue and data exchange. The CCSC set forth to develop a set of quality improvement and cost management metrics. These metrics will be used in a first-of-its-kind series of pilot programs that are anticipated to forge innovative collaboration between payers and HTCs/SPPs.

Conclusions: Pilot programs founded on the metrics developed by the CCSC will serve as the foundation for future collaboration between payers and HTCs/SPPs. Data collection and reporting demonstrates quality in specialty pharmacy management by HTCs and SPPs, and enhances sustainability in the relationships of these entities with payers. Such quality improvement and cost management initiatives are crucial in the new era of health care accountability.

Third Place Title: Assessing the Impact of High Touch Specialty Pharmacy Services in Patients Receiving Teriparatide

Authors: E. Singleton, K. Litten, B. Bolis, S. Burkes, A. Bagwell | Presenting: Autumn Bagwell, PharmD

Background & Objectives: Teriparatide is the first FDA-approved anabolic hormone that stimulates bone growth in patients with osteoporosis, with recommended treatment up to two years. However, a significant number of patients do not complete the recommended two years of treatment. Nonadherence has been shown to result in a higher risk of fracture, all-cause medical costs, and frequency of inpatient service utilization. In 2013, the Vanderbilt Specialty Pharmacy (VSP) integrated a clinical pharmacist into the Vanderbilt University Medical Center (VUMC) Endocrinology Clinic to help with continuity of care for patients beginning teriparatide treatment. Assessing this model of care and its impact on patient adherence to treatment can lead to decreased medical costs, improved patient satisfaction and patient outcomes. This abstract evaluates teriparatide completion rates between patients who receive the medication through VSP using a high-touch integrated specialty pharmacy model compared with those prescribed teriparatide prior to VSP integration. This abstract evaluated the number and types of pharmacy interventions provided. By quantifying specific aims, we hope to demonstrate the impact of a specialty pharmacist in an integrated specialty care model.

Conclusions: Following VSP integration, teriparatide completion rates rose by approximately 10%, correlating with a 20% change. These results demonstrate the benefits of this integrated model of care.

Audience Choice: Multidisciplinary Process Improvement Optimized Oral Chemotherapy Safety and Quality

Authors: R. Havriliak, M. Stutsky, K. Adelson, S. Kregling, T. Ouellette, L. Lee, M. Smith, M. Harrison, O. Abdelghany, H. Cohen | Presenting: Renee Havriliak, RPh

Background & Objectives: Nationally, oral chemotherapy has been highlighted as an area of high risk and medical error. Our Quality Oncology Practice Initiative certification identified opportunities for improvement in our oral chemotherapy processes that include: lack of documentation in the medical record, refills received from third-party pharmacies after prescription discontinuation, incorrect self-administration of medications, delivery delays, and underuse of available patient assistance programs. To implement an oral chemotherapy medication care model that supports access to medications in a timely manner, patient adherence to regimens, and provides ongoing patient monitoring.

Conclusions: A patient-centered multidisciplinary care model integrating clinical, operational, and financial resources optimized safety and quality of care for patients receiving oral chemotherapy. At a time with great financial pressures within health care where health systems services are increasingly stretched, the program's financial benefits may be further evaluated and implemented.

NASP represents over 50 healthcare industry leaders, working on behalf of retail and specialty pharmacies, drug distributors and hospital systems on legislative and regulatory efforts for the association, which has 250 member pharmacies. Patient satisfaction not only ties directly to increased revenue, but is also a critical area of focus for pharmacy partners like payors and pharmaceutical manufacturers. According to the Drug Channels Institute, specialty drugs will represent 44% of the U.S. drug spend by the year 2020. Specialty pharmacy provides medications to treat patients with serious, chronic, rare, progressive, or debilitating or fatal if left untreated or undertreated. Examples of these illnesses include cancer, hepatitis C, infectious disease, infertility, Crohn's disease, rheumatoid arthritis, psoriasis, HIV/AIDS, multiple sclerosis, Cystic Fibrosis, human growth hormone deficiencies, organ transplantation, hemophilia, and other bleeding disorders.

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