

Enhancing Specialty Care: Analysis of Interventions by Clinical Pharmacists within a Health-System Specialty Pharmacy

Kiersi Harmon, PharmD, CSP | Alexandra Ritenour, PharmD, CSP
CHRISTUS Specialty Pharmacy – Tyler, Texas



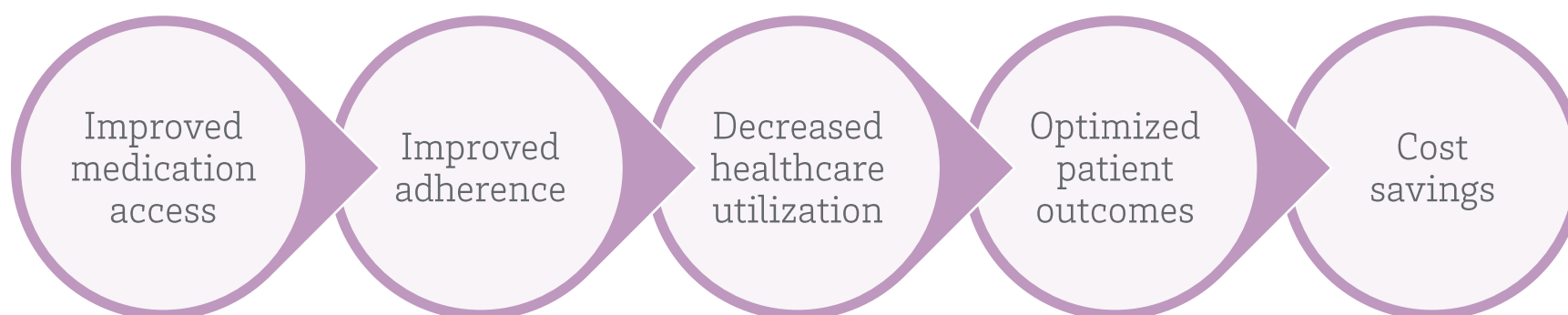
Background

Role of Interventions



- Specialty pharmacists (SP) are optimal stakeholders to assess, manage, recommend, and address any specialty medication (SRx) care gaps¹⁻³

Known Impact of Interventions⁴



Existing Gaps in Intervention Data Collection

- There is currently no consistent data collection process for interventions completed in health-system specialty pharmacies (HSSP) and specialty clinics.
- HSSPs have been exploring options to capture meaningful clinical interventions.
- More thorough data collection would lead to a better understanding of SP impact across all specialties, help identify areas that best utilize HSSP services and recognize potential areas for proactive SP action.

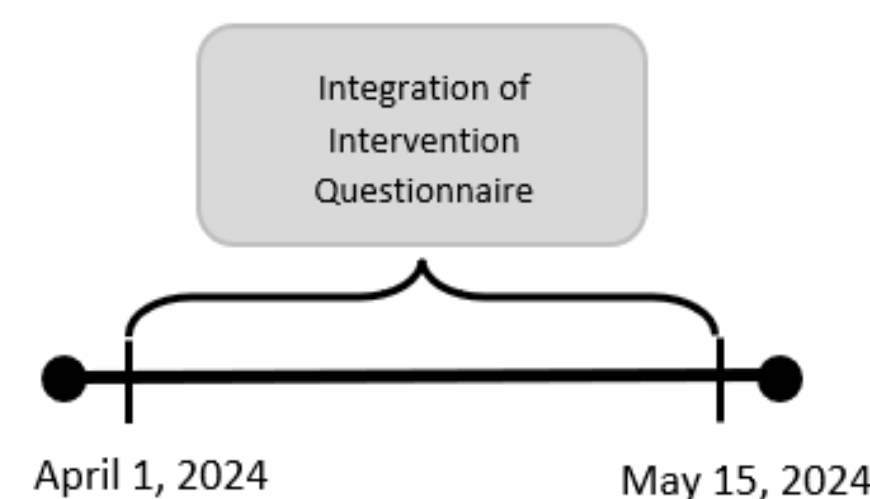
Objectives

This study aims to evaluate the quantity and type of clinical interventions provided by the SP, time spent, and potential cost savings of these interventions.

Methods

Study Design

A prospective study evaluating the implementation of an intervention questionnaire within specialty clinical services. Data was collected from the questionnaire responses and extrapolated to cost savings.



Data Analysis

- Primary endpoints utilize descriptive statistics to evaluate the type and time spent, stratifying by specialty and enrollment status with the HSSP.
- Cost savings were calculated based on standardized values per intervention type.

Results

Interventions

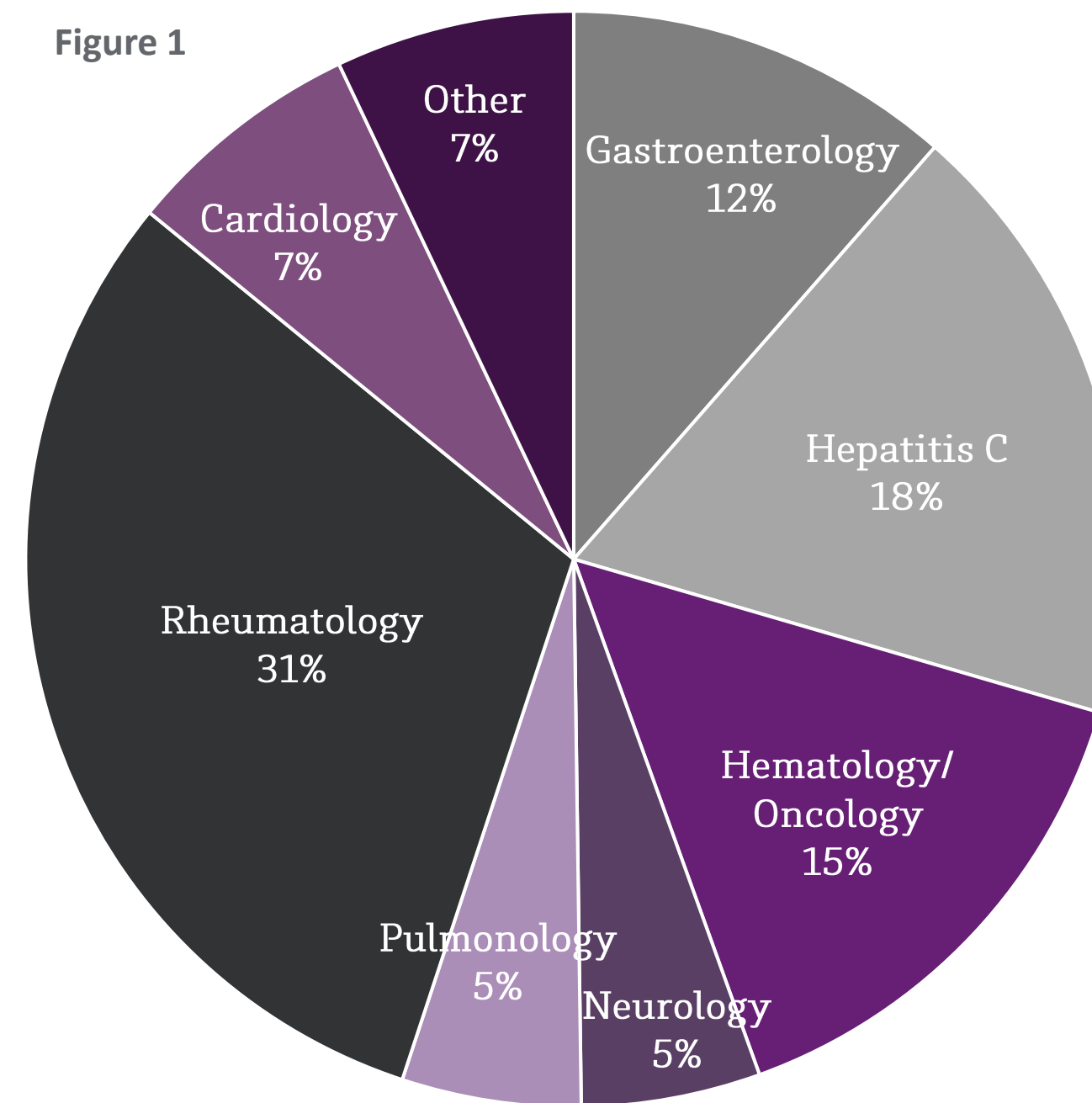
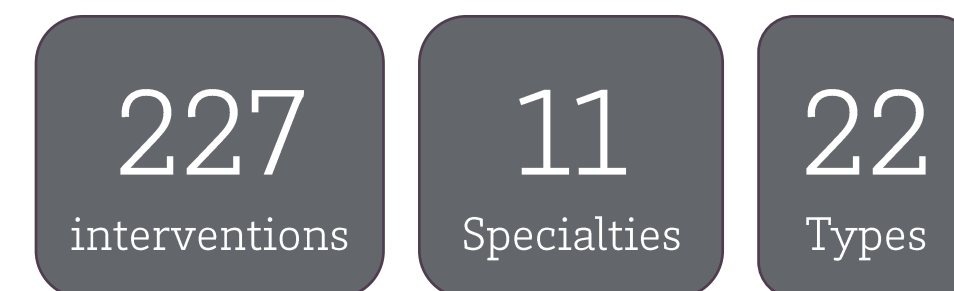
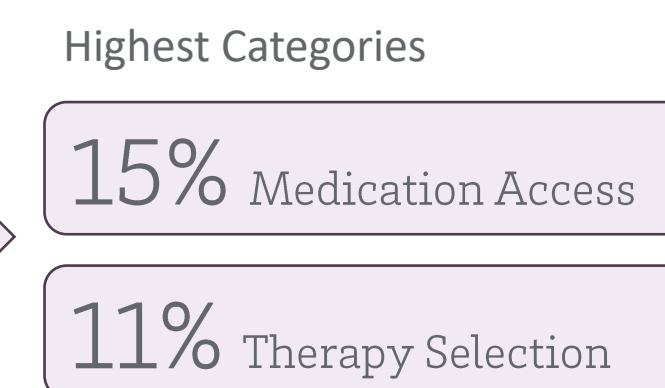


Figure 1. Distribution of interventions completed per disease state specialty. Other is defined as: dermatology, endocrinology, internal medicine, and osteoporosis/osteoarthritis. **Table 1.** Distribution of intervention types completed. **Figure 2.** Inflammatory includes rheumatology, dermatology, and inflammatory bowel disease. Other includes endocrinology, internal medicine, osteoporosis/osteoarthritis, pulmonology, neurology, and cardiology.

Table 1

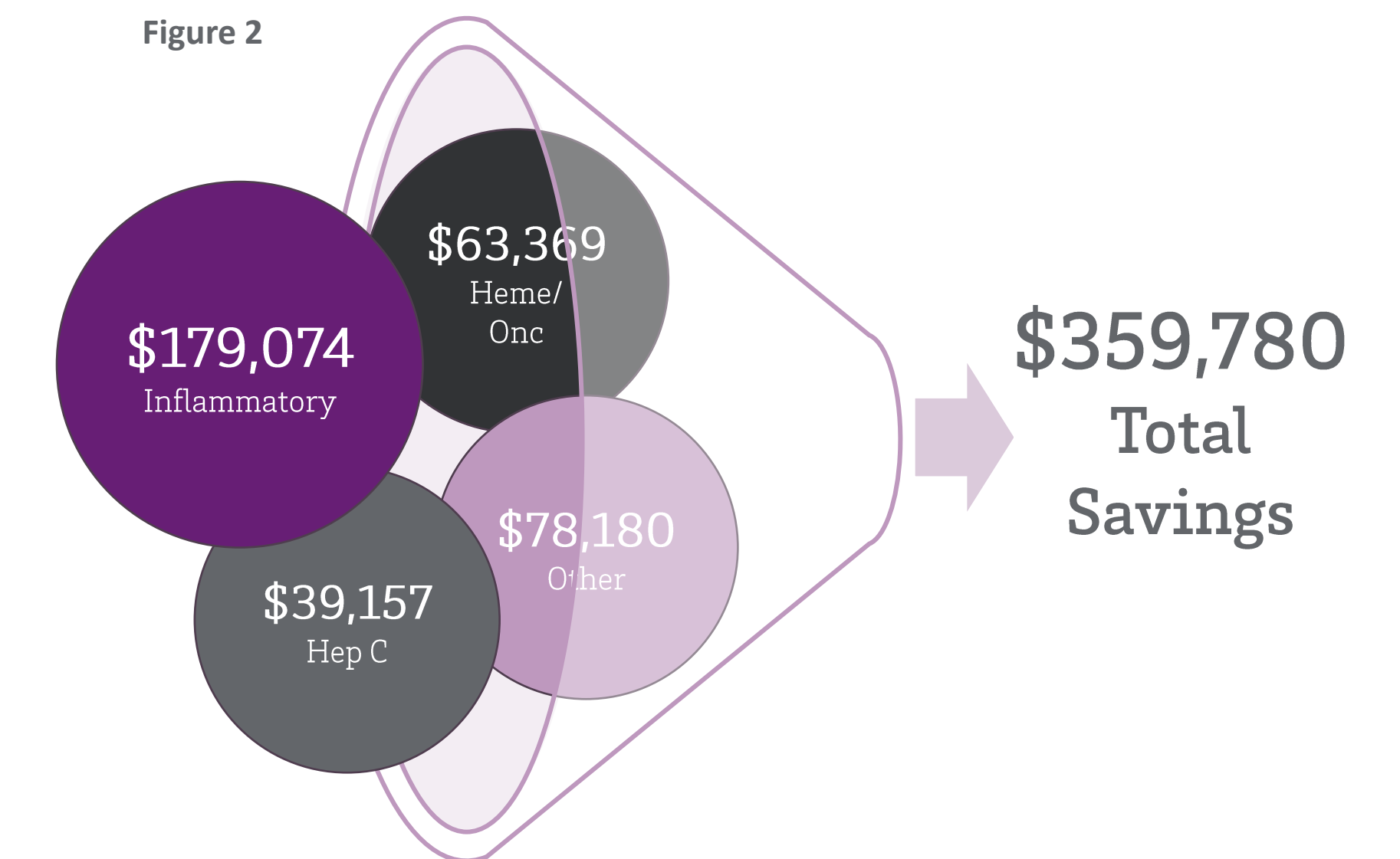
Intervention Type	Count
Medication access coordination	34
Therapy selection	26
Counseling provided - side effect	22
Prescription clarification	22
Counseling provided - medication administration	18
Clinical review	16
Treatment protocol development	15
Counseling provided - drug interaction	14
Counseling provided - disease state education	11
Provider education	10
Other	39



Time Spent



Cost Savings



Conclusions

- Building on previous studies, this study highlights the role of the SP in SRx management and cost savings amongst many specialties, including both HSSP and external enrollments.
- Results support further development of SP-driven practice changes, especially in areas of SRx access and therapy selection.

Disclosures

The authors of this presentation have nothing 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.

References

1. Bagwell A, Kelley T, Carver A, Lee JB, Newman B. Advancing patient care through specialty pharmacy services in an academic health system. *J Manag Care Spec Pharm.* 2017;23(8):815-820. doi:10.18553/jmcp.2017.23.8.815
2. Warden BA, Shapiro MD, Fazio S. The role of the clinical pharmacist in a preventive cardiology practice. *Ann Pharmacother.* 2019;53(12):1214-1219. DOI: 10.1177/1060028019864669
3. Banks AM, Peter ME, Holder GM, et al. Adherence to Disease-Modifying Therapies at a Multiple Sclerosis Clinic: The Role of the Specialty Pharmacist [published online ahead of print, 2019 Jan 30]. *J Pharm Pract.* 2019;897190018824821. doi:10.1177/0897190018824821
4. Lankford C, Dura J, Tran A, et al. Effect of clinical pharmacist interventions on cost in an integrated health system specialty pharmacy. *J Manag Care Spec Pharm.* 2021;27(3):10.