From Insight to Impact: Addressing Social Determinants of Health in Amyloidosis Care Through Specialty Pharmacy

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Background

The Challenge:
Transthyretin amyloidosis (ATTR) is a progressive multisystem disease with high clinical complexity.[1,2]

The Barrier:
Patients face significant Social Determinants of Health (SDOH) barriers (financial, transportation, social support) that threaten adherence and Quality of Life (QOL).[3]

The Opportunity:

- *Health-system specialty pharmacies (SP) are uniquely positioned to provide longitudinal screening and holistic care coordination.*[4]
- Patient Reported Outcomes Measurement Information System (PROMIS-10) is a validated tool for QOL measurements.[5]

Objectives

- Evaluate the effectiveness of a collaborative specialty pharmacist and social work model in addressing SDOH.
- Measure impact on patient-reported QOL using PROMIS-10.
- Demonstrate the feasibility of manufacturer-pharmacy collaboration in quality improvement programs.

Methods

Design: Prospective quality improvement initiative at an academic medical center.

Population: ✔ Patients with hereditary or wild-type ATTR
✔ 18 years and older
✔ Enrolled in SP management services

Tool: PROMIS-10 Global Health questionnaire embedded in Epic (Compass Rose).

Workflow: *Pharmacist-led screening* at usual outreach → Identification of SDOH needs → Targeted social worker (SW) referrals and assistance coordination

Calculations: Used standardized PROMIS Global-10 v1.2 Short Form Conversion lookup tables hosted by Orthotoolkit for T-scores.[6]

Results

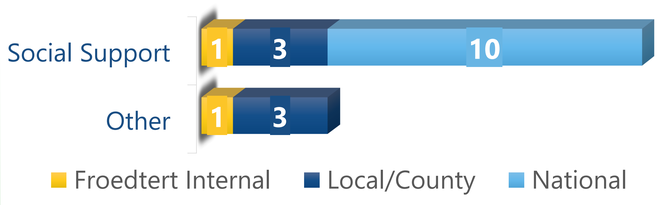
Demographics	Value (n=48)
Mean Age (years)	82 ± 7
Hereditary ATTR	4% (2)
Male	81% (39)
White (race)	85% (41)
Black (race)	10% (5)
Not Hispanic (ethnicity)	96% (46)
ATTR-related manifestations ≥ 3	85% (41)
Federal insurance	96% (46)
Grant funds available ($237,550)	69% (33)

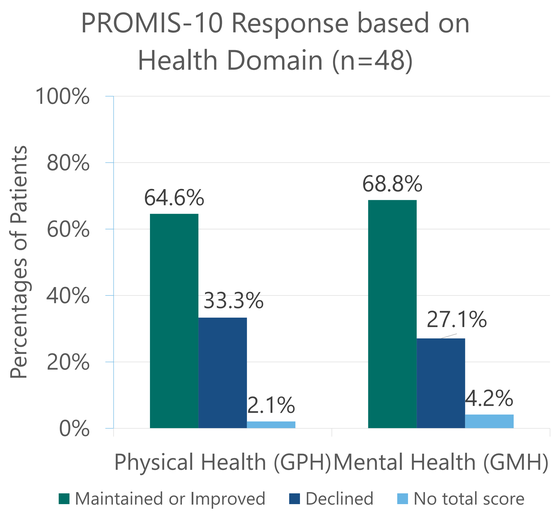
Average PDC 96.8% with 47 at ≥ 80%

46%
Pharmacists had 1 or more interventions for 22 patients

19%
Nine patients were referred to SW for SDOH needs

Resource Connection Gained
By type and source





***QOL** was **maintained** or **improved** for **over 60%** with this progressive, rare-disease*

Discussion

- **Stable PROMIS-10 scores over 6 months** represent a meaningful clinical achievement in a population with a progressive condition.
- With ready access to a **SW** and an **amyloidosis-specialized nurse**, pharmacists did not need content expertise across every screening domain to intervene effectively
- Pharmacist interventions extended **beyond medication access** for 46% of patients, including:
  - *Connection to social support networks*
  - *Increased awareness of available system services*
  - *Early symptom detection*
- **40% of** the pharmacist **interventions** stemmed from SDOH concerns and resulted in a SW referral
- **Partnering with manufacturers** helped refine screening domains to be more disease-specific

Conclusions

- Systematic SDOH screening is feasible within the specialty pharmacy workflow.
- Integrated care models enable pharmacists to efficiently connect medically complex, rare disease patients with the appropriate experts and resources within the health system. [4]
- This model is scalable to other chronic and rare disease states

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References

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