Missed Days from Work, School, or Planned Activities for Patients in an Integrated Health-System Specialty Pharmacy Setting

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BACKGROUND

- Many chronic and serious disease states (e.g., Crohn's disease, ulcerative colitis, psoriasis, cancer) treated with specialty medications are associated with greater absenteeism and presenteeism compared to the general population.[1,2,3,4,5]
- The loss in productivity and inability to partake in planned activities can be related to disease burden (e.g., fatigue, pain, emotional distress), treatment-related adverse events (e.g., chemotherapy-induced nausea and vomiting), or both.[6,7,8]
- Affected patients, especially those with severe disease, can experience substantial indirect costs and decreased quality of life.[1,6,7]

OBJECTIVE

The objective of this study was to describe the missed days from work, school, or planned activities among patients in an integrated health-system specialty pharmacy (HSSP) setting and stratified by therapeutic area.

METHODS

- We performed a retrospective analysis of patient-reported activity impairment among 21,125 patients within an integrated HSSP population.
- The assessment was based on patients' most recent response during the full year 2025 to a question about missed days from work, school, or planned activities in the past 4 weeks.
- Only patients who answered 'Yes' to having missed days and reported ≥1 missed day were included.
- Number and type of missed days were reported by patients at initial or follow-up specialty pharmacy assessments.
- Descriptive statistics were used to summarize missed days overall and by therapeutic area.

RESULTS

Missed Days at a Glance

200	1,195	5.98 (SD 7.78)	12
Patients reporting ≥1 missed day in 2025	Total missed days over the prior 4 weeks based on most recent responses in 2025	Average (SD) missed days per patient	Therapeutic areas represented

Figure 1: Distribution of Patients Across Therapeutic Areas

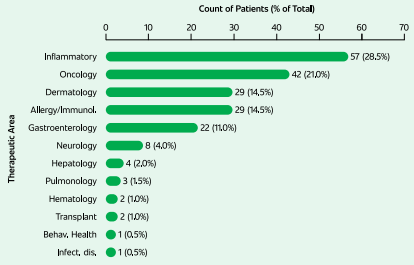
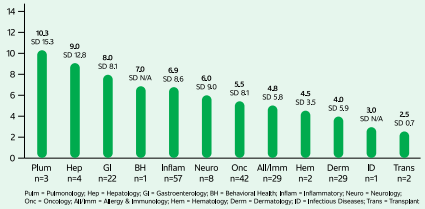


Table 1: Demographics

	Answered "No"	Answered "Yes"
Number of Patients	20,844	281
Age		
Mean	57	54
Median	61	55
SD	18.67	17.93
Range (low-high)	0–103	3–95
Sex, n (%)		
Female	13,192 (63.29%)	182 (64.77%)
Male	7,649 (36.70%)	99 (35.23%)
Unknown	3 (0.01%)	0 (0%)
Region, n (%)		
Midwest	2,076 (9.96%)	8 (2.85%)
Northeast	6,622 (31.77%)	72 (25.62%)
West	11,835 (56.78%)	188 (66.90%)
South	311 (1.49%)	13 (4.63%)

Figure 2: Mean Missed Days by Therapeutic Area



DISCUSSION

- Patient-reported activity impairment measures may help identify patients with greater functional burden during routine assessments.
- Incorporation of these measures into specialty pharmacy practice may support more individualized clinical care.
- Assessment of missed days at the therapeutic-area level may inform the prioritization of pharmacy interventions for patients with the greatest reported burden.
- Disease-related missed days from work, school, or planned activities represent a meaningful burden among affected patients who missed ≥1 day and are managed within an integrated HSSP model.

LIMITATIONS

- The study evaluated patients from a single integrated HSSP system, which may limit generalizability of the results.
- Multiple therapeutic areas included <30 patients, which limits interpretability of their average number of missed days and corresponding standard deviations.
- Patients who reported ≥1 missed day in 2025 represented only about 1% of the total population.
- Attribution of missed days to a specific disease or condition was outside the scope of this analysis.

CONCLUSION

- This analysis demonstrates that disease-related missed days from work, school, or planned activities represent a meaningful burden among patients who missed ≥1 day and who are managed within an integrated health-system specialty pharmacy model.
- Incorporating patient-reported activity impairment measures into specialty pharmacy practice may help identify patients with greater functional burden and may support more tailored interventions.

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