Improving Oncology Medication Access Efficiency Through a Clinic-Aligned Workflow Model in an Academic Health System Specialty Pharmacy

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BACKGROUND

Oncology medication access involves complex prior authorization (PA) requirements, payer formulary restrictions, financial assistance coordination, and specialty pharmacy routing.[1,2] During high volume periods, a shared queue may limit ownership, visibility, and processing efficiency.

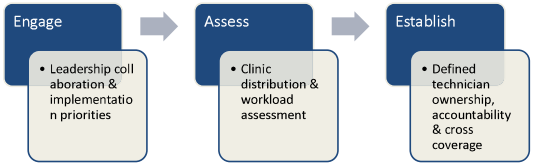
PURPOSE

Evaluate the effect of a clinic aligned workflow model on turnaround time (TAT), pending queue volume, extended work hours, and staff reported workflow experience within an oncology Medication Access Team (MAT).

METHOD

Study Design	Single-center, pre/post operation quality improvement evaluation
Setting	Oncology MAT at an academic health system specialty pharmacy
Study Period	January 26- February 27, 2026
Data Source	Electronic Health Record (EHR) - EPIC
Measure Outcomes	**Primary:** average Multi-Step Order Transmittal (MSOT) prescription TAT **Secondary:** average PA queue volume & average overtime (OT) hours per week **Exploratory:** qualitative MAT reported workflow experience

IMPLEMENTATION APPROACH



INTERVENTION

Shared queue with variable ownership and limited visibility

Defined ownership and enhanced workflow visibility

Clinic-Aligned Model (Jan 26 – Feb 27, 2026)

Pre-intervention | **Post-intervention**

Defined technician ownership by clinic + disease state across six oncology service areas

Six Oncology Service Areas

- Stem Cell/ Leukemia
- Gastrointestinal/Lung
- Lymphoma/ Hematology
- Prostate/ Neurology
- Palliative Care
- Head & Neck/ Gynecology

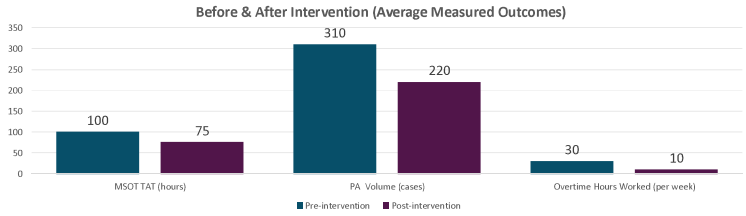
Core Medication Access Activities

- Benefits Investigation
- Prior Authorization
- Patient Assistance
- MSOT Processing

RESULTS

Operational Average Outcomes After Implementation

- ↓ 25% — MSOT TAT: 100 --> 75 hours
- ↓ 29% — PA Queue Volume: 310 --> 220 cases
- ↓ 67% — Overtime Hours: 30 --> 10 hrs/week



Additional outcome: Qualitative MAT feedback suggested a satisfactory workflow experience.

DISCUSSION & CONCLUSION

- Clinic and disease state aligned assignments strengthened task ownership, visibility, and prioritization.
- Implementation was associated with lower queue volume, shorter MSOT prescription release TAT and fewer overtime hours worked.
- The model leveraged existing operational infrastructure, supporting potential adaptability across specialty pharmacy programs.

FUTURE DIRECTIONS

- Standardize pre/post evaluation periods and longitudinally monitor PA queue volume, TAT, and OT hours worked.
- Integrate quantitative measures and anonymous staff surveys to evaluate workflow experience and long-term sustainability.
- Evaluate patient level access outcomes, including time to therapy and access related treatment delays.
- Assess model scalability across additional specialty pharmacy service areas.

REFERENCES

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