SHIELDS HEALTH SOLUTIONS

Two-year impact of a targeted workflow to reengage hard to reach patients within a health system specialty pharmacy

Esther Goldschein, PharmD, AAHIVP, CSP; Kelsey Hennig, PharmD, BCACP, CSP; Amelia L. Persico, PharmD, MBA, BCACP, CSP; Martha Stutsky, PharmD, BCPS

Scan Me

BACKGROUND

Clinical pharmacists working within a health system specialty pharmacy (HSSP) play a significant role in optimizing the care of patients with complex medical conditions.[1,2] Efforts to optimize care in HSSPs may be hindered by challenges associated with re-engaging patients who have become lost to follow-up (LTF). Preliminary data from a one-year evaluation of a hard-to-reach (HTR) workflow demonstrated support for an additional process for re-engaging LTF patients in clinical services. The workflow included additional outreach beyond standard clinical pharmacist engagement via multiple modalities including phone calls, electronic medication record (EMR) portal messages, and warm transfers during refill calls.[3] The objective of this initiative was to expand upon the prior evaluation and retrospectively evaluate, over a two-year period, the targeted workflow to increase engagement with HSSP patients previously LTF or previously opted out of the care model, with the aim of addressing gaps in care delivery and improving patient outcomes.

METHODS

Study Design: retrospective, observational cohort

- **Inclusion Criteria:** patients identified through a HSSP HTR report between November 2022 and November 2024
- **Lost to Follow-up:** defined as patients who have been unreachable by the clinical pharmacist team since the dispensing of their medication or those who previously opted out of clinical services
- **Exclusion Criteria:** patients who were receiving a medication that did not qualify for specialty pharmacist outreach, if outreach was already ongoing, if the patient was admitted to the hospital, or if the patient had previously requested outreach at a future time

Outcomes:

- Percent of patients previously not engaged who were re-engaged in clinical services
- Percent of patients opted back into clinical services

Analysis: Descriptive statistics were utilized for analysis of the primary outcomes and patient characteristics.

RESULTS

Table 1 summarizes the characteristics of patients who met the inclusion criteria; **Figure 1** shows the different communication modalities utilized during the non-standard targeted pharmacist outreach; **Figure 2 and Figure 3** describe the primary outcome results, including the LTF patients (both previously not engaged and previously opted out) who were re-engaged in clinical pharmacist services

Table 1: Patient Characteristics

Characteristic	N=1228
Median age (years)	46.9
Sex, n (%)	
M	629 (51.2)
F	599 (48.8)
Hard to Reach Status, n (%)	
Previously Not Engaged	911 (74.2)
Previously Opted Out	317 (25.8)
Most Common Disease States, n (%)	
Inflammatory	283 (23)
Neurology - Migraine	226 (18.4)
HIV PrEP	146 (11.9)
Most Common Medications, n (%)	
Emtricitabine/tenofovir disoproxil fumarate	81 (6.6)
Adalimumab	79 (6.4)
Evolocumab	78 (6.4)

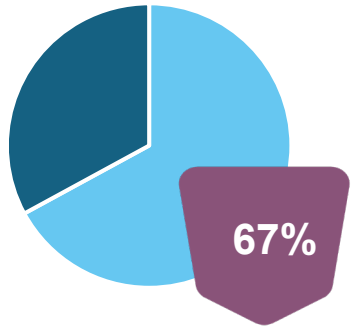
Figure 1: Methods of Communication

Phone Call
1228 (100%)

EMR Portal Message
165 (13.4%)

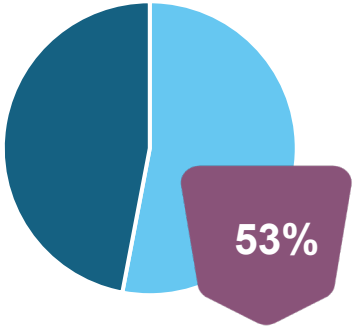
Warm Transfer During Refill Call
98 (8%)

Figure 2: Percentage of Previously Not Engaged Patients Who Were Re-engaged Into Clinical Services



Of the 911 patients previously not engaged, 611 (67%) patients completed an assessment and agreed to continue receiving clinical services.

Figure 3: Percentage of Opted Back Into Clinical Services



Of the 317 patients previously opted out, 168 (53%) patients completed an assessment and opted back into receiving clinical services.

CONCLUSION

- Patients who have previously been LTF may be re-engaged through a targeted non-standard workflow with clinical pharmacist services increasing their potential for positive outcomes.
- The results of this initiative can be used to inform and support future workflow development and optimization and guide further research on strategies to enhance patient engagement within a HSSP.
- **Limitations:** This evaluation did not include a direct comparison between outreach methods and therefore cannot determine which method is most effective.

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 ManagCare Spec Pharm. 2017;23(8):815-820.
2. Dever JB, Ducom JH, Ma A, et al. Engagement in Care of High-Risk Hepatitis C Patients with Interferon-Free Direct-Acting Antiviral Therapies. Dig Dis Sci.2017;62(6):1472-1479.
3. Hennig K, Persico A, Goldschein E, Stutsky M. Impact of a structured approach to reengage patients lost to follow-up within a health system-based specialty pharmacy. Curr Med Res Opin. 2024;40(suppl 3):3-48.