

# Establishing the Role of Medically-Integrated Specialty Pharmacy Services and its Impact on Patients

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# Background

Health system specialty pharmacy services are beneficial by increasing adherence, decreasing cost, and improving outcomes.1 This new segment of the pharmaceutical industry is fast growing and an opportunity for pharmacists to make an impact on patients. In February of 2020 a survey involving 414 active specialty pharmacists showed 69% of pharmacists agreed administrative tasks interfere with providing patient care.2 The survey further showed it was not uncommon for specialty prescriptions to take seven to ten days to fill.2 This delay can lead to progression of a patient's disease and ultimately poor patient outcomes.2 The first key takeaway from this survey was direct patient care was being sacrificed for timely administrative work such as prior authorizations and communication with insurance companies.<sup>2</sup> The second key takeaway was the apparent opportunities for improvement in the specialty fulfillment process.2 Current literature discusses the potential benefit of utilizing an in-house specialty pharmacy service that is patient focused. 1,3 The existing process used at St. Peter's Health (SPH) with specialty prescriptions requires these types of prescriptions to be sent to outside specialty pharmacies where it can take days to weeks for the medication to be received. Patients are then contacted by the fulfilling specialty pharmacy with information regarding the new medication and what to expect. However, patients have historically not been getting appropriately informed by fulfilling specialty pharmacies and thus end up contacting the SPH pharmacy for guidance. The specialty pharmacy service being developed at SPH will have the primary focus of improving time to treatment, clinical outcomes, and patient and provider satisfaction.

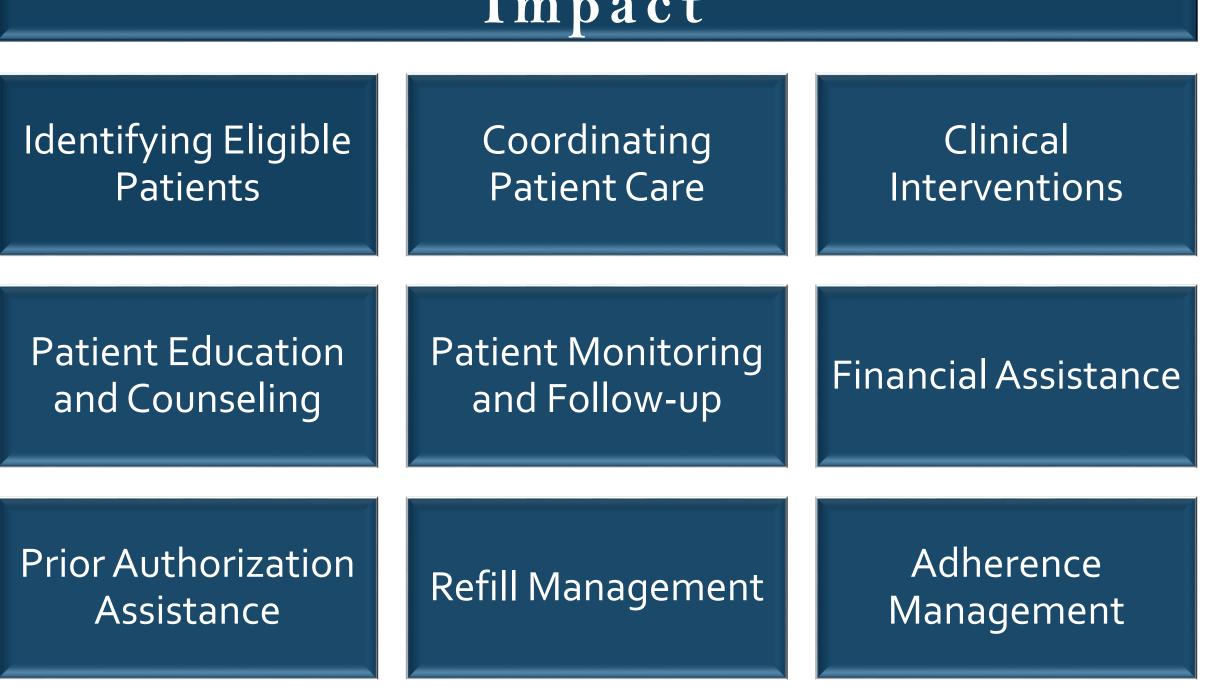
# Objectives

**Primary Objective:** To evaluate the impact of medically-integrated specialty pharmacy service on patient safety and medication adherence.

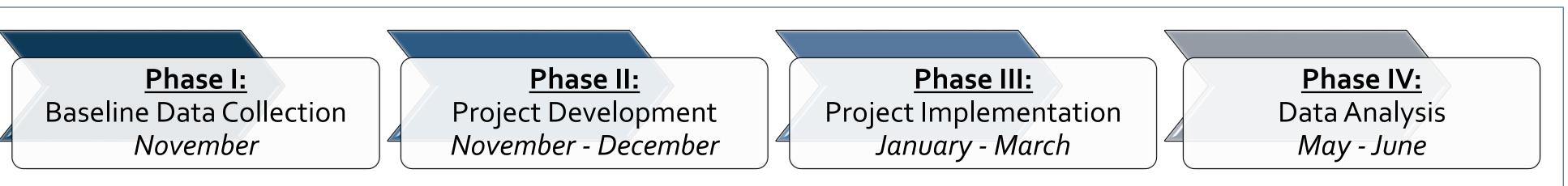
#### **Secondary Objectives:**

- 1. Track pharmacist managed interventions
- 2. Decrease time from day prescription was received to time patient received medication
- Decrease time between refills
- 4. Quantify cost savings to hospital and patient
- 5. Improve overall staff and provider satisfaction

# Identified Areas For Patient Impact

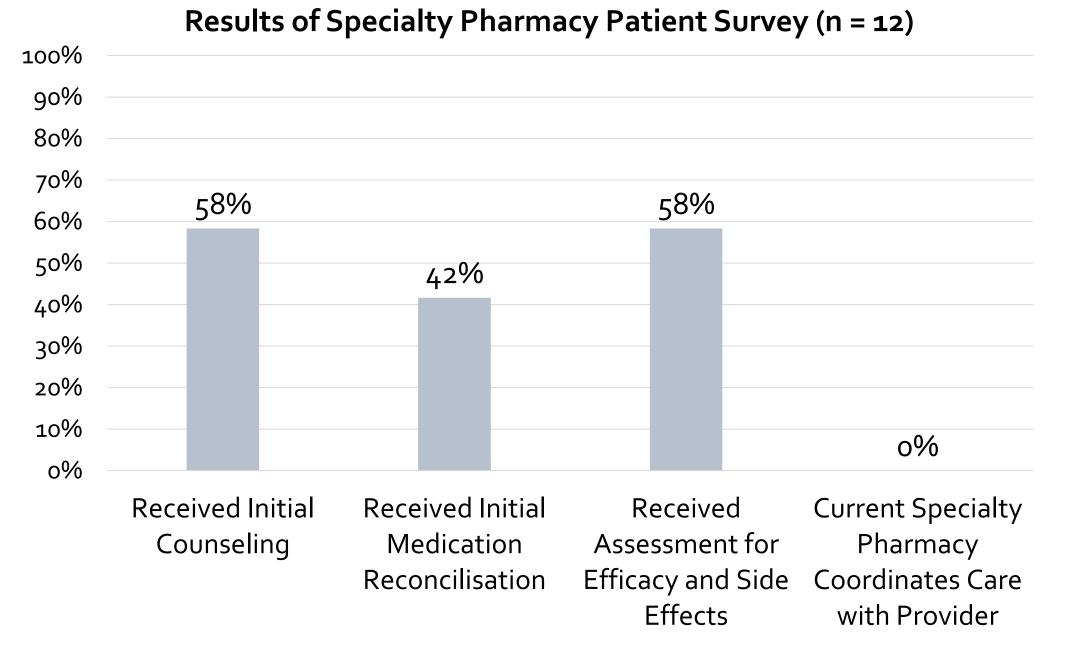


## Methods



## Phase I: Baseline Data Collection

Patients currently prescribed a specialty medication by a SPH provider were contacted for a telephone survey to collect baseline data. A total of 35 patients were contacted and 12 were included for analysis.



### Patient Satisfaction with Current Specialty Pharmacy (n = 12)Very Dissatisfied Very Satisfied Dissatisfied Neutral ο% Very Dissatisfied Satisfied Dissatisfied 50% Neutral Satisfied

# Phase II: Project Development

The following areas will need to be developed prior to • Stakeholder identification implementation: • Cost analysis

Background research

Very Satisfied

- Creation of embedded pharmacy model
- Establishment of specialty pharmacist responsibilities

# Phase III: Project Implementation

#### **Identify Patients**

 Dedicated in-clinic pharmacist identifies patients taking eligible specialty medications

# **Pharmacist Encounter**

- Work with Provider / Clinical Staff on integration to meet with eligible patients
- Provide Rx counseling
- Conduct conversion conversation with patient
- Document conversion results and update patient status

#### **Patient Monitoring**

- Track pending patients requiring follow-up
- Conduct patient follow-ups during clinic visits to monitor pharmacotherapy needs and progress • Address inquiries from clinic staff & providers

#### **Benefits Investigation**

 Utilize benefits investigations to prioritize patients that are eligible for conversion

## First Fill

- Conduct Prior Authorizations
- Coordinate medication fill

#### Refill Management

- Coordinate refill roadmap
- Secure refill prescriptions from patient providers
- Complete required Prior Authorizations and appeals

## Phase IV: Data Analysis

- Clinical interventions The following areas will be analyzed through a • Cost savings
  - retrospective review: Patient satisfaction surveying
- Refill assessment
- Adherence
- Data reporting

# Proposed Specialty Pharmacist Responsibilities

- Collaborative practice agreement(s)
- Policies, protocols, and guidelines
- Note templates for focused disease state(s)
- Patient education handout(s) and counseling
- Psychosocial assessment
- Initial dose optimization
- Side effect management
- Refill reminders
- Clinical interventions
- Adherence management
- Patient monitoring and follow up
- Data reporting

Develop and

implement

the following:

Perform the

following

duties:

Continuous quality improvement

#### Initial patient screening

- Initial medication reconciling
- Initial medication counseling and education
- Scheduling/managing patient follow ups
- Coordinating care
- Continuous monitoring
- Scheduling necessary lab appointments
- Communicating therapy plan and lab results with referring provider
- Ensuring regiment is appropriate
- Obtaining specialty medication(s)
- Monitoring patient adherence
- Assessing tolerability
- Providing phone number to discuss concerns
- Optimizing treatment

#### Discussion

Utilizing a clinical pharmacist to manage the specialty pharmacy service will impact patients who require specialty prescriptions by offering a simplified fulfillment process, support service, and overall integrated care process. The purpose of developing and implementing this process will be to offer care support services and efficient fulfillment to achieve better patient outcomes.

#### References

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- 2. Pharmacist Perspectives on the Specialty Prescription Process (4/2020). Surescripts Website. Accessed August 29, 2021. Available at: https://surescripts.com/docs/defaultsource/default-document-library/surescripts-specialty-pharmacy-data-brief.pdf.
- 3. Rim MH, Smith L, Kelly M. Implementation of a patient-focused specialty pharmacy program in an academic healthcare system. Am J Health-Syst Pharm. 2016;73(11):831-838. doi: 10.2146/ajhp150947

## Author Disclosures

Authors of this presentation have the following 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: McKenzie Smith: Nothing to Disclose, Channa Richardson: Nothing to Disclose, Andrew Glueckert: Nothing to Disclose, Starla Blank: Nothing to Disclose