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## Introduction

- Non-adherence and side effect challenges to specialty treatments can have an impact on morbidity, quality of life and cost of care.
- A data reporting platform was created through which members of a national network of health system specialty pharmacies submitted data used for calculations such as adherence via proportion of days covered (PDC).
- This systematic process of reporting PDC on a scheduled cadence allows specialty pharmacists to assess adherence dashboards on a regular basis and to make appropriate therapy changes such as addressing patient side effect challenges to therapy.
- One specialty pharmacy network member reviewed PDC performance in two therapeutic areas for their program, transplant and oncology.

## Objective

- Reviewer specialty pharmacists set out to understand adherence via PDC rates and implement a quality improvement initiative to improve adherence in oncology and transplant.

## Methods

- **Investigation**  
Reviewed clinical pharmacist workflow and documentation around interventions in the oncology and transplant population to assess potential effects on adherence for the year 2018.
- **Quality initiative**  
Results of investigation found that standardized workflows, systematic and consistent documentation practices around interventions and ongoing education focusing on adherence was needed. A quality initiative program was implemented in 2019 to address these identified opportunities.



## Results

- After implementation of the quality initiative we found an increase in the systematic documentation of interventions related to adherence factors.
- There were 92 total transplant clinical interventions completed in a 12-month period and 39% of those were associated with improving PDC mostly due to outcomes such as potentially improved therapy adherence and resolved side effect challenges.
- There were 613 total oncology clinical interventions completed in a 12-month period and 35% of those were associated with improving PDC mostly due to outcomes such as potentially improved therapy adherence and resolved side effect challenges.

## Conclusion

- A systematic process for reporting adherence led to a quality initiative that improved the understanding of prescribing practices, clinical pharmacist intervention documentation, development of a strategic side effect management process, education and improved PDC reporting.

## References

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