Impact of an Embedded Rheumatology Pharmacist

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DISCLOSURES
The authors of this presentation have nothing 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.

Background

- In the ambulatory care setting, rheumatologists are often limited in employing potentially effective treatments for their patients due to insurance coverage restrictions and delays in medication approvals.1
- Studies suggest a pharmacist’s involvement can improve the insurance authorization process for specialty medications.2,4
- There is limited evidence to support a pharmacist’s role for rheumatologic disorders.
- The objective is to evaluate the impact of a pharmacist’s involvement in a rheumatology practice affiliated with an integrated Health System Specialty Pharmacy for the following areas: coverage determination outcomes, medication access, and provider satisfaction.

Methods

- An ambulatory clinical pharmacist (ACP) was incorporated into an integrated care workflow within a rheumatology clinic at a New York based health system.
- Retrospective cohort analysis performed of prescriptions for specialty and non-specialty oral or injectable disease modifying anti-rheumatologic and supportive care agents prescribed by providers from the clinic.
- Time Period:
  - Pre-intervention: October 1, 2021 to March 31, 2022
  - Post-intervention: April 1, 2022 to September 30, 2022
- Metrics measured:
  - Prior authorization (PA) turnaround time
  - Prior authorization approval rate
  - Appeal approval rate
  - Provider satisfaction

Results

- The addition of an ambulatory clinical pharmacist to the multidisciplinary team in a rheumatology practice can directly improve provider satisfaction and the quality of patient care related to timeliness of medication approvals.
- Future directions will be to observe if these outcomes have a positive impact on patient time to start therapy and clinical disease state outcomes.

Conclusions

A provider satisfaction survey (n=10 out of the 20 providers at the clinic) showed that 78% reported that services were very beneficial and 22% found services mostly beneficial. The providers also listed which services they found most impactful with 9/10 choosing appeal assistance.

References

2. Farrell JF, Shapiro LS, Miller M. Clinical Pharmacist As Part of the Interprofessional Team Improves Quality of Care in Patients with Rheumatic Disease [abstract]. Arthritis Rheumatol. 2017; 69 (suppl 10).
4. Farrell JF, Shapiro LS, Miller M. Pharmacist-developed letters may enhance success in obtaining insurance approval for off-label use of biologics [abstract 2444]. 2014 ACR/ARHP Annual Meeting