

Impact of PROMIS-10 on health-related quality-of-life outcomes in specialty pharmacy settings



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BACKGROUND

- Specialty pharmacy (SP) accreditation standards frequently highlight the importance of establishing performance systems to evaluate patient outcomes.¹
- Among the various tools available, the Patient-Reported Outcomes Measurement Information System-10 (PROMIS-10) stands out as a concise, extensively utilized, and validated ten-item questionnaire.²
- PROMIS-10 is designed to evaluate health-related quality-of-life (HRQoL) measures that assess both the physical and mental health status of patients.³⁻⁴
- SPs are uniquely positioned to intervene when patients report low or worsening HRQoL measures; however, the impact of PROMIS-10 measures in SP settings is not well documented.²

OBJECTIVES

To determine the impact of implementing PROMIS-10 in SP settings utilizing the TherigySTMSM platform, a clinical care management and reporting technology, to document patient HRQoL outcomes and associated interventions.

METHODS

Study Design

A retrospective observational study was conducted from January 2021 to December 2022 involving SPs using TherigySTM to implement PROMIS-10 and document interventions.

Subjects

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> Patients ≥ 18 years old Patients with ≥ 2 collected PROMIS-10 scores 	<ul style="list-style-type: none"> Patients who opted out of SP clinical services

DATA COLLECTION AND ENDPOINTS

Data Collection

- TherigySTM was used to collect and manage patient data

Endpoints

- Patients were initially categorized in each domain using the PROMIS-10 T-SCORE as “Poor, Fair, Good, Very Good, and Excellent” then subsequently consolidated into two groups: “Good to Excellent” and “Poor to Fair”
- Changes in patients’ scores were measured from baseline to the last recorded score
- Descriptive data analysis was conducted to determine the count and percentage of interventions conducted for this patient population

RESULTS

Figure 1, A and B: Demographics of Patient Cohort

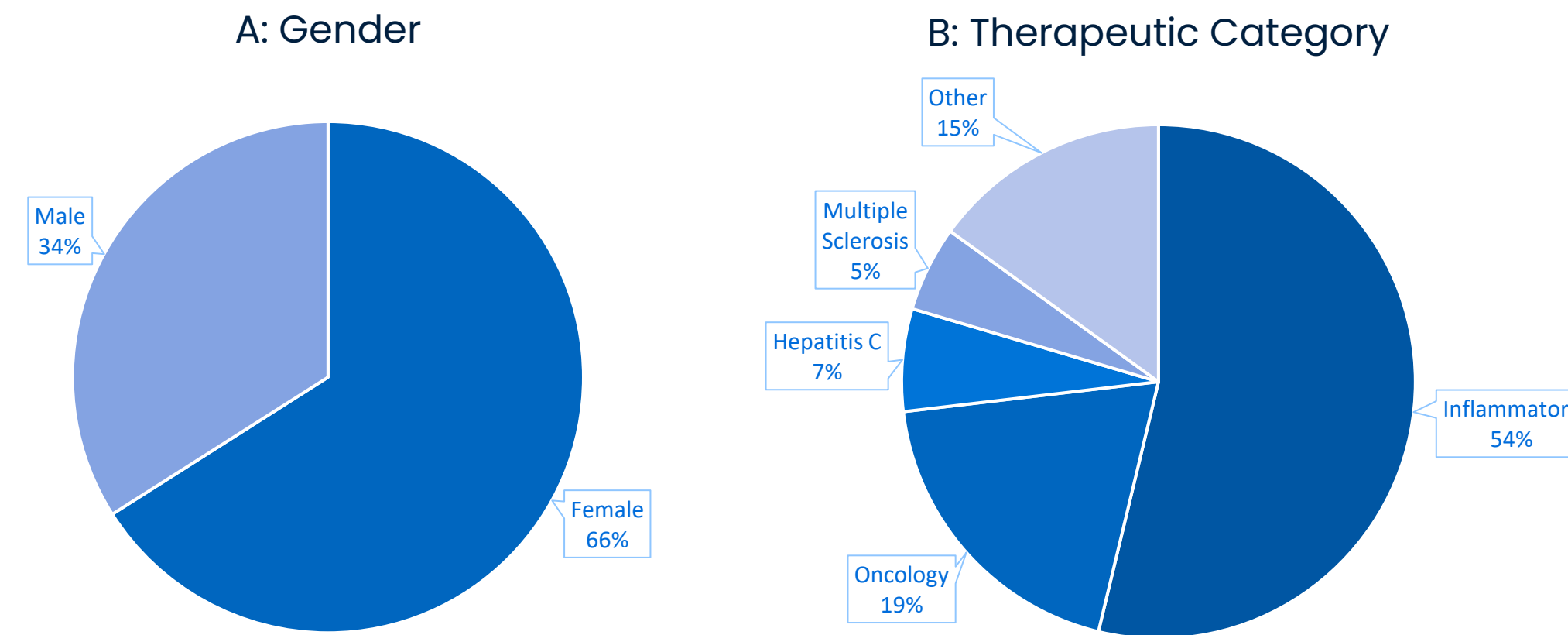
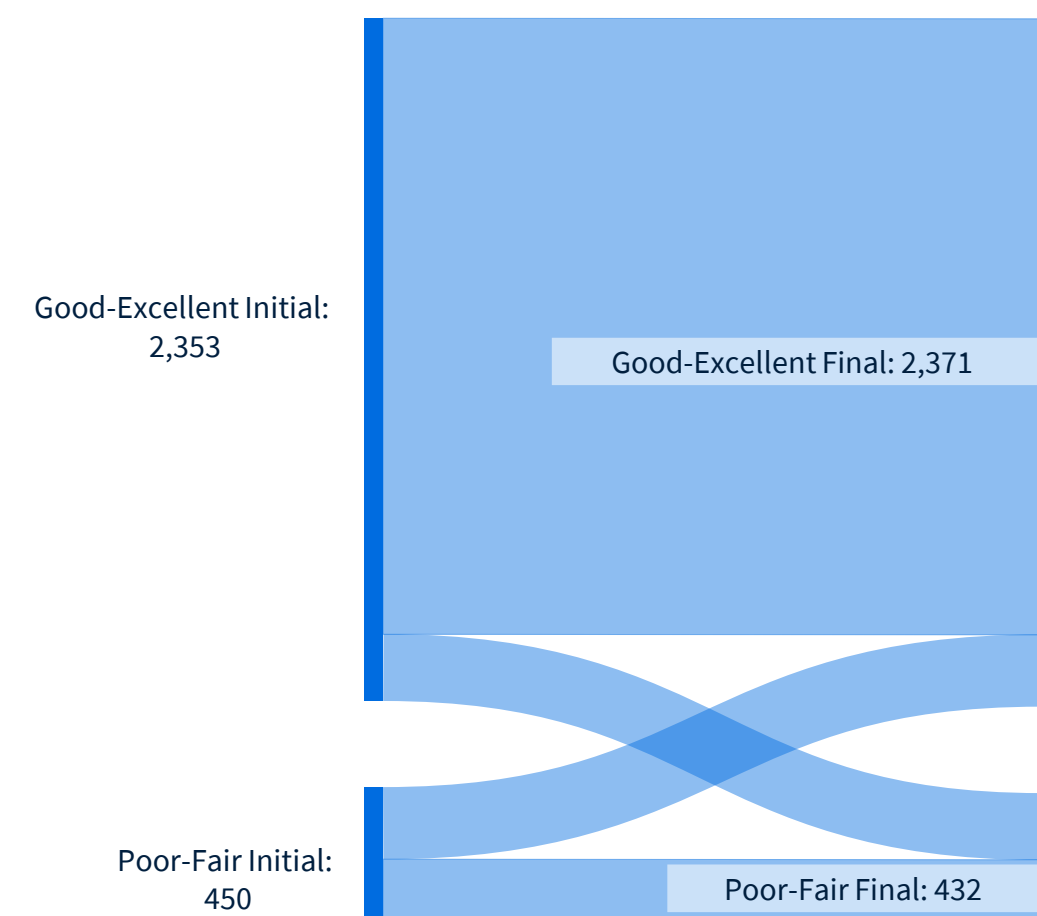
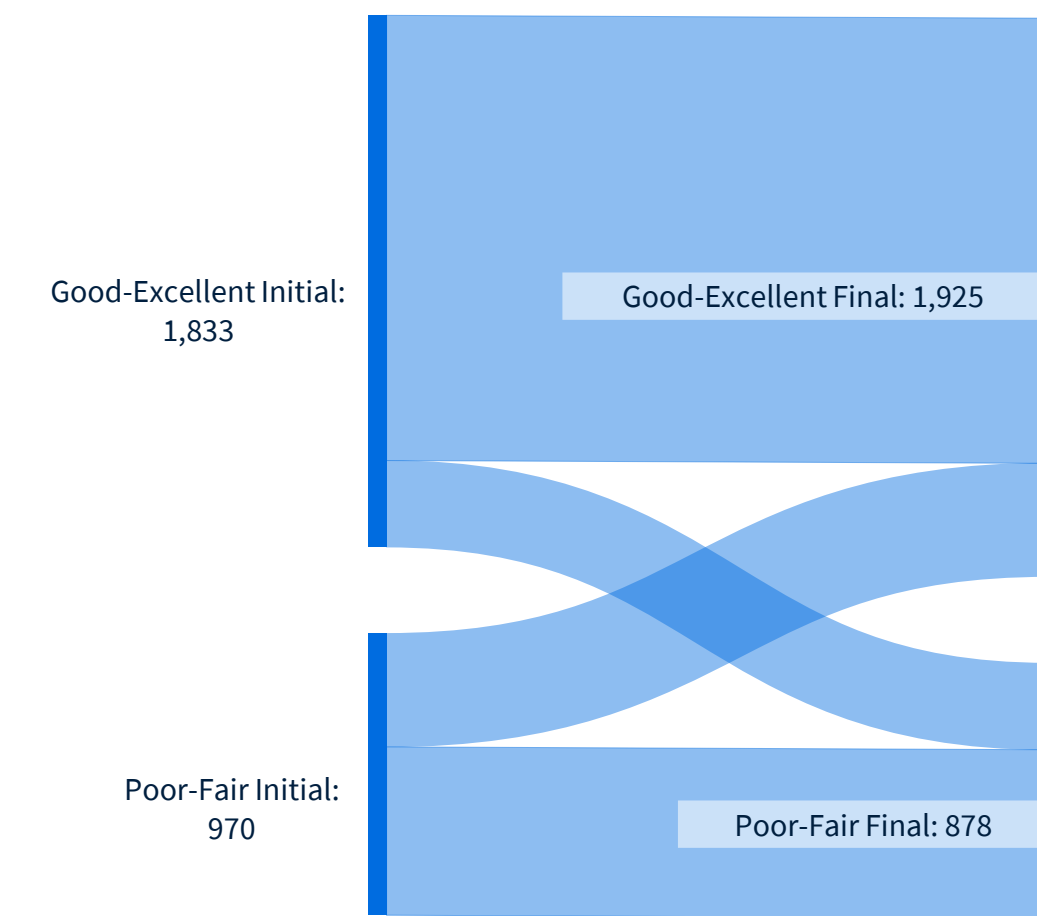


Figure 2: HRQoL Mental Health Domain



- 55% of patients in the mental domain improved HRQoL and moved from Poor-Fair to Good-Excellent
- 90% of patients maintained in the Good-Excellent mental domain

Figure 3: HRQoL Physical Health Domain



- 40% of patients in the physical domain improved HRQoL and moved from Poor-Fair to Good-Excellent
- 84% of patients maintained in the Good-Excellent physical domain

RESULTS

Figure 4, A and B: Clinical Interventions on Patient Cohort by Category

A: HRQoL Mental Health Domain

Category	Interventions per Patient
Good-Excellent	1.8
Poor-Fair	2.3
Grand Total	1.9

- Patients with a baseline in the Poor-Fair category had a 31% higher intervention rate compared to those in the Good-Excellent category

B: HRQoL Physical Health Domain

Category	Interventions per Patient
Good-Excellent	1.7
Poor-Fair	2.3
Grand Total	1.9

- Patients with a baseline in the Poor-Fair category had a 35% higher intervention rate compared to those in the Good-Excellent category

DISCUSSION AND CONCLUSION

- This project highlights the utilization of PROMIS-10 for SPs as an efficient data collection system for identifying HRQoL.
- PROMIS-10 may help pharmacists to identify, and intervene based on, patient-specific needs to improve patient HRQoL.
- The introduction of PROMIS-10 resulted in improvement of patients’ HRQoL measures in the SP setting.
- Next studies should focus on determining the impact of PROMIS-10 implementation on healthcare utilization.

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