

Impact of a structured approach to reengage patients lost to follow-up within a health system-based specialty pharmacy

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BACKGROUND

- Specialty pharmacy clinical services play a significant role in optimizing patient care within healthcare systems, particularly for individuals managing complex medical conditions.¹
- Barriers to optimizing care in the specialty pharmacy care models may include challenges in engaging patients who have previously become lost to follow-up.
- High-risk patients represent a critical demographic requiring targeted interventions for effective care management.²
- Goal:** To investigate an approach to increase engagement with specialty pharmacy patients previously lost to follow-up, to ultimately address gaps in care delivery and improve patient outcomes.

METHODS

Study Design: retrospective, observational

- Inclusion Criteria:** Patients identified by a lost to follow-up (LTF) report who were due for a refill in the next week from the report date
- Lost to Follow:** defined as patients who have been unreachable by the clinical pharmacist team since the dispensing of their medication or those who have previously opted out of clinical pharmacist services
- Exclusion Criteria:** patients who were receiving a medication that did not qualify for specialty pharmacist outreach, if outreach was already ongoing, or if the patient had previously requested outreach at a future time
- Figure 1** shows the communication approach taken to re-engage LTF patients; patients were first called, then if unreachable, a portal message was sent (if possible), and lastly, they were warm transferred during the refill process

Primary Outcome: percent of patients re-engaged in clinical services

Secondary Outcome: percent of patients opted back into clinical services

Data Identification: Patients were identified on a LTF report between 11/1/2022 and 11/30/2023.

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

Figure 1: Re-Engagement Modalities



RESULTS

Figure 2 shows the patient identified by the LTF report and those included within this analysis; **Table 1** summarizes the characteristics of patients meeting the inclusion criteria; **Figure 3 and Figure 4** describes the primary and secondary outcome results, including the LTF patients (both previously un-engaged and previously opted out) who were re-engaged via this approach

Figure 2: Patient Inclusion/Exclusion

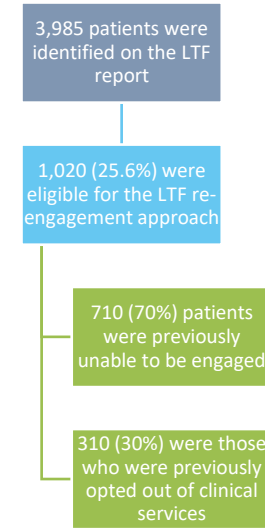


Table 1: Patient Characteristics

Characteristic	N = 1020
Age (years, median)	49.2
Sex (n, %)	
M	525 (51.5%)
F	495 (48.5%)
Most Common Disease States (n, %)	
Neurology - Migraine	200 (19.6%)
Inflammatory	141 (13.8%)
Cardiology	102 (10%)
Most Common Medications (n, %)	
Emtricitabine/TDF	59 (5.8%)
Evolocumab	56 (5.5%)
Adalimumab	55 (5.4%)
Communication Method (n, %)	
Portal Message	72 (7.1%)
Warm Transfer	77 (7.6%)

TDF = tenofovir disoproxil fumarate

Figure 3: Previously Unable to Reach

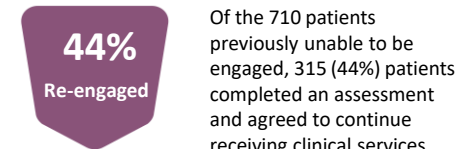
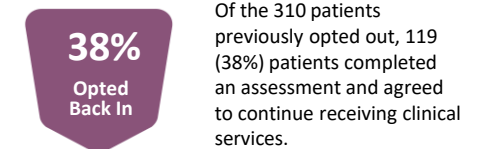


Figure 4: Previously Opted Out



CONCLUSIONS

- Limitations:** this study did not make a comparison between outreach methods and therefore cannot speak to which method is most efficacious. Some methods such as the phone calls were adhered to at a higher rate than other methods such as the portal message
- Patients who have previously been lost to follow-up may be re-engaged with clinical pharmacist services utilizing a multi-method communication workflow involving collaboration between the clinical pharmacist and pharmacy technicians within a HSSP.
- The results of this study can be used to:
 - Support future workflow development
 - Support research regarding ways to enhance specialty pharmacy patient engagement

REFERENCES

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