Digestive integrated pharmacy clinical service
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Background

• Yale New Haven Health is a multi-campus, academic, nonprofit health system that provides high-quality care through a variety of ambulatory care service lines and specialty pharmacies
• Currently, there is limited pharmacist involvement in the management of digestive diseases, including Inflammatory Bowel Disease (IBD) and viral hepatitis
• Digestive Health patients face complex medication regimens requiring close monitoring, counseling, and navigation of prescription procurement2
• Medication adherence is imperative given complications, such as disease exacerbations, which can lead to increased healthcare utilization2
• A collaborative practice agreement between clinicians and pharmacists in Connecticut legally allows pharmacists to practice collaborative drug therapy management (CDTM) for mutual patients2
• Integrated pharmacy services via a CDTM are needed to identify and resolve barriers that lead to increased medication adherence and disease remission

Objectives

• Create a novel decentralized integrated pharmacy service line for Digestive Health specialty clinics
• Benefits of integrated pharmacy services include the following: 
  • Increased patient contact via a referral process for medication management
  • Increased clinical continuity, defined as internal prescription capture
  • Reduced clinician and office administration burden
  • Improved medication access
  • Expanded patient education

Methods

| Creation of a comprehensive project plan |
| Identification of target clinics specializing in Digestive Health |
| Development and introduction of the service model to clinic providers |
| Creation and approval of a collaborative practice agreement |
| Development of a standard operating procedure for workflow outline and pharmacist responsibilities |
| Education, training, and credentialing of pharmacists |
| Optimization of the electronic medical record |
| Measurement of primary outcomes (number of patient referrals and clinical continuity) |

Results

<table>
<thead>
<tr>
<th>Quarter 2</th>
<th>Quarter 3</th>
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<tbody>
<tr>
<td>Patient Referrals</td>
<td>68</td>
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<tr>
<td>200% of target achieved</td>
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<tr>
<td>Clinical Continuity</td>
<td>37% increase from baseline</td>
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Discussion

• Integration of clinical pharmacy services in identified Digestive Health clinics resulted in patient referrals far exceeding the target as well as clinical continuity increases
• Positive clinician feedback emphasize the impact and value of integrated pharmacy services
• Initial barriers to the implementation of integrated clinical pharmacy services include the ongoing COVID-19 pandemic, stakeholder familiarity with pharmacy services, and the complicated regulatory steps to approve a new collaborative practice agreement
• Evaluation of secondary outcomes including the proportion of days covered and disease-specific clinical outcomes for IBD and viral hepatitis must be completed to provide further evidence of the clinical impact of the integrated pharmacist

Conclusions

• A novel integrated service model was successfully implemented in three clinic sites for Digestive Health
• The role of the integrated pharmacist has led to increased clinical continuity, patient referrals, and Digestive Health clinician satisfaction

Future Directions

• Continued service optimization based on pharmacist, clinician, and patient feedback
• Evaluation of disease-specific clinical outcomes and laboratory monitoring adherence
• CDTM updates to include supportive care such as vitamin supplementation and drug level monitoring

References


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