Impact of a Triage Pharmacist Role on Clinical Intervention Activities in a Specialty Pharmacy Call Center

Christine Barthen, PharmD; Jennifer Young, PharmD, BCPS, CSP; Kathy Bricker, PharmD, BCPS; Helen Northrup, PharmD, BCACP, CSP; Kyle Hansen, PharmD, BCPS
Wake Forest Baptist Medical Center, Winston-Salem, NC

Background

• A dedicated specialty pharmacy call center was established at Wake Forest Baptist Medical Center (WFBMC) in 2018.
• A triage pharmacist role within the call center was implemented in 2019 with the goal of improving workflow by facilitating timely resolution of patient clinical interventions.
• A clinical intervention activity is a situation identified by a pharmacy staff member that requires escalation to a pharmacist via an escalation protocol.
• Prior to the delineation of the triage pharmacist role, there was not a dedicated pharmacist addressing clinical interventions.
• Studies have demonstrated the use of a call center to triage patient concerns and to reduce inbound calls into operational areas.1,2

Objective

To assess the impact of a triage pharmacist role on clinical intervention activities within a specialty pharmacy call center.

Methods

• Single-center, retrospective chart review of all clinical intervention activities completed in the WFBMC Specialty Pharmacy Call Center from May 1, 2018 to April 30, 2019 and from July 1, 2019 to June 30, 2020.
• Primary Endpoint: Time to completion of clinical intervention activities.
• Secondary Endpoints: Time to first outreach attempt, time to intervention completion for therapeutic categories, time to intervention completion for clinical outcome categories, Patient Care Plans (follow-up plans) created, patents discontinued from specialty pharmacy services, and clinical interventions resolved.

Specialty Pharmacy Technician Escalation Protocol

Patient care activity requires escalation to a pharmacist.

“Clinical Intervention-Patient” activity added by technician in Therigy ST®.

Urgent

Non-urgent

A warm transfer to the triage pharmacist or an available pharmacist occurs.

The triage pharmacist addresses activities in the “Clinical Intervention-Patient” queue.

Pharmacist-driven clinical intervention activities include clinical questions (drug-drug interactions, indication, side effects, and safety and efficacy), drug therapy changes, interruption in therapy or therapy discontinued, medication-related questions (administration, dose, directions, and frequency), and non-adherence.

Results

Clinical Intervention Completion and First Outreach Attempt

<table>
<thead>
<tr>
<th>Time to Intervention Completion</th>
<th>Time to First Outreach Attempt</th>
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<tbody>
<tr>
<td>Pre-Triage</td>
<td>Post-Triage</td>
</tr>
<tr>
<td>3.3 days</td>
<td>0.93 days</td>
</tr>
<tr>
<td>2.2 days</td>
<td>0.25 days</td>
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</tbody>
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Acceptance of Clinical Interventions

- After triage pharmacist role implementation:
  • Average time to clinical intervention completion decreased by 1.1 days (p=0.002).
  • Time to first outreach attempt remained less than one day and decreased by 0.68 days (p=0.05).
  • These outcomes were realized concurrent with a notable increase in clinical intervention volume (pre-intervention: 391; post-intervention: 1130).

- The acceptance of clinical interventions remained similar after triage pharmacist role implementation (p=0.937).
- There was a significant effect on time to clinical intervention completion among therapeutic categories, clinical intervention categories, and clinical outcome categories (p=0.011, p=0.013, p=0.05, respectively).
- The number of Patient Care Plans remained similar, while patients discontinued from specialty pharmacy services differed after triage pharmacist role implementation (p=0.608, p=0.004, respectively).

Discussion

• The implementation of the pharmacist triage role led to faster resolution of clinical intervention activities. Additionally, the triage role led to a quicker first outreach attempt to resolve the intervention.
• Implementing the triage pharmacist role was a proactive step to more efficiently service increasing patient volumes.
• As numerous pharmacists serve in the triage pharmacist role, review of discrete documentation fields in Therigy ST® may be beneficial in streamlining data reporting in the future.
• Additional studies are warranted to assess differences within therapeutic categories, clinical intervention categories, and clinical outcome categories to further improve workflow.

Conclusion

Delineation of pharmacist roles within a specialty call center supports a more efficient workflow for triaging and resolving clinical concerns.

References


Disclosures

All 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.