

## PHARMACIST ASSISTED CARE OF RHEUMATOLOGY PATIENTS IN THE OUTPATIENT SETTING: A PROSPECTIVE STUDY OF TIME AND VALUE ADDED

Brett Amestoy, PharmD  
PGY1 Pharmacy Resident  
St. Peter's Health  
Helena, MT  
5/25/20

St. Peter's Health  
1

## DISCLOSURES

- IRB status: not required
- Co-Investigators:
  - Andrew Glueckert, PharmD
  - Megan Murphy, PharmD
  - BCPS, Channa Richardson, PharmD, BCPS, CPP
  - Thomas Richardson, PharmD, BCPS AQ-ID
  - Starla Blank, PharmD
  - James Bennett, MD
- Conflicts of Interest: None
- Project sponsorship: None

St. Peter's Health  
2

## LEARNING OBJECTIVES

- At the end of this presentation, pharmacists will be able to
  - Explain the benefits of direct pharmacist involvement in a rheumatology clinic
  - Identify pharmacist activities that provide time savings to rheumatologists
- At the end of this presentation, technicians will be able to
  - List opportunities for medication error prevention in the rheumatology clinic

St. Peter's Health  
3

## BACKGROUND

- Rural community hospital and clinic with service population ~90,000
- Rheumatology clinic serving 1060 patient
  - Previously under the care of two rheumatologist
  - Departure left a sole rheumatologist to care for all

St. Peter's Health  
4

## BACKGROUND

- Numerous studies have shown improvement in patient care with the addition of pharmacists in clinic settings
- Rheumatology has many disease states that utilize complex medication therapies
- Rheumatology clinic attached to outpatient infusion center
  - Numerous medication errors required a change in process

St. Peter's Health  
5

## PURPOSE

- Implementation of clinical pharmacist services in the rheumatology clinic/outpatient infusion center to provide time savings to the sole rheumatologist

St. Peter's Health  
6

## METHODS

- Single center, prospective, case-series study completed at a rural community outpatient clinic
- All patients age >18 years referred to or seen in rheumatology clinic were included
- Interventional cohort included patients seen from 11/4/19 – 2/28/19
  - Only included weeks fully staffed by rheumatologist and pharmacist (n=12)

9/30/2020

St. Peter's Health  
7

## PROJECT DEVELOPMENT

### Identified areas for time saving

Portal messages	Reviewing lab results
New medication counseling	Obtain consent to treat
Answering provider questions	Assist in infusion clinic management
Assist in bone health management	Identify patients for PCP management

9/30/2020

St. Peter's Health  
8

## INTERVENTION

- Implemented a collaborative practice agreement
  - Allows pharmacists to manage medications after initial diagnosis
- Updated refill protocol
- Developed Bone Health pathway to assist in management of osteoporosis/osteoarthritis patients

9/30/2020

St. Peter's Health  
9

## OBJECTIVES

- Primary Objective
  - Assess time savings provider to rheumatologist through implementation of clinical pharmacy services
- Secondary Objective
  - Total number of pharmacist interventions made
  - Increase total provider appointments per day
  - Medication errors avoided
  - Decrease time to follow-up
  - Increase overall provider/staff satisfaction

9/30/2020

St. Peter's Health  
10

## DATA COLLECTION

- Time savings assessed by individual interventions made
- Pharmacists determined the complexity of interventions which had pre defined rheumatologist time savings
  - Simple – 5 minutes
  - Moderate – 15 minutes
  - Complex – 30 minutes
- Assessed provider time saved for each individual education completed
- Tracked pharmacist appointment length

9/30/2020

St. Peter's Health  
11

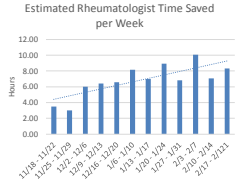
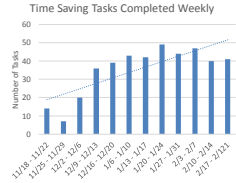
## RESULTS

- 422 interventions made during the study phase
  - 189 patient messages (avg = 3.15 messages/day)
  - 233 medication educations (avg = 3.8 edu/day)
- Rheumatologist time savings ~7 hr/week (1.4 hr/day)
- Average pt/day increased from 11 to 15
- Time to follow up decreased from 4 months to 2.5 months

9/30/2020

St. Peter's Health  
12

# RESULTS



9/30/2020

9/30/2020