Clinical Outcomes Evaluation of a Pharmacist-Led Social Determinants of Health Screening and Intervention Pilot

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Key Findings

A pharmacist-led SDOH program effectively addresses patient barriers, demonstrates high intervention acceptance and benefit, and may improve rheumatoid arthritis outcomes.

Background

- Social determinants of health (SDOH) are non-medical factors that impact patients' medication use and health outcomes.[1]
- Integrated health system specialty pharmacies (HSSPs) and clinical pharmacists are uniquely positioned to identify and address barriers to SDOH, however there is a lack of published evidence supporting the impact of these programs on clinical outcomes.[2,3]
- An SDOH screening and intervention pilot program was implemented in a HSSP in their rheumatoid arthritis (RA) population.

Objective

- To evaluate the impact on clinical outcomes of a pharmacist-led SDOH screening and intervention program within the RA population of a HSSP

Methods

Process development: Upon literature review and a gap analysis, a pharmacist workflow was established for screening, intervention, documentation, and follow-ups.

Inclusion Criteria: Patients actively filling medications for RA with RAPID3 score indicating high disease activity were enrolled in the SDOH pilot program during the study period of September 2023 through September 2024.

Data Collection: The following metrics were collected for the enrolled population during the study period: screening categories and acceptance rate, intervention acceptance, pharmacist intervention time, post-intervention RAPID-3 score.

Results

Within the RA population, 27 patients were identified as not meeting outcomes (mean RAPID3 Score: 16.7). Patient demographics included a population comprised mainly of white, non-Hispanic women (mean age: 51 years) with comorbidities, Medicare insurance, and an average of 1 intervention before screening. Of the 27 patients enrolled, 18 (67%) completed screening, 4 (15%) declined, and 5 (18%) were unable to be reached. **Figure 1** shows clinical outcomes for patients included in the study. Post-intervention RAPID-3 scores were available for 8 (62%) of the 13 patients who accepted pharmacist intervention. A mean reduction in RAPID-3 score of 3 points (range: 1.3-27.3) was demonstrated. The most frequent screening categories included food security, physical activity, housing, utilities, social support, transportation documented using Z-codes **(Figure 2).** Upon follow-up, 80% of patients required ongoing support **(Figure 3).**

Figure 1: Program Outcomes

72% Patients accepted intervention

62% Patients found resources beneficial

75% Improvement in RAPID-3 Score

Figure 2: Intervention Types

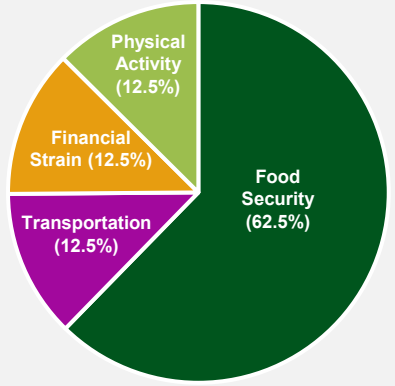
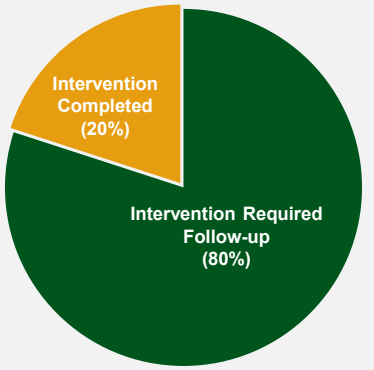


Figure 3: Intervention Outcomes



Conclusions

- The high acceptance rate and perceived benefit of pharmacist interventions suggest that this model can effectively identify and address SDOH barriers and highlights the value of HSSP pharmacist role in care and securing trusted patient relationships.
- While this program showed effectiveness in patient-reported RA outcomes, the impact of this program could be further assessed with a larger patient population over an extended period of time, as a majority of the patients in the pilot program required further follow-up.

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