

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

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#### DISCLOSURES The 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

### BACKGROUND

- Specialty pharmacy clinical services play a significant role in optimizing patient care within healthcare systems, particularly for individuals managing complex medical conditions.<sup>1</sup>
- 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.<sup>2</sup>
- 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 previous 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

**Two Phone Calls** 





Warm Transfer **During Refill Call** 

# 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

3,985 patients were

dentified on the LTF

**Table 1: Patient Characteristics** 

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

TDF = tenofovir disoproxil fumarate

#### **Figure 4: Previously Opted Out**



Figure 3: Previously Unable to Reach

Of the 710 patients

### CONCLUSIONS

previously unable to be engaged, 315 (44%) patients completed an assessment and agreed to continue receiving clinical services.

38% Opted Back In

previously opted out, 119 (38%) patients completed an assessment and agreed to continue receiving clinical

- 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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Of the 310 patients services.