

Establishing Pharmacist-Managed Ambulatory Care Services within a Clinical Cancer Center

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Conflict of Interest

- No conflicts of interest to disclose



Objectives

- Discuss why the Breast Care Center (BCC) at Froedtert Hospital (FH) was the pilot site for implementing pharmacist-managed ambulatory care services
- Identify the role of pharmacist-managed ambulatory care services within a cancer center



Overview of Presentation

- Background
- Project Purpose
- Breast Care Center Workflow
- Results
- Justification
- Conclusion



Froedtert Hospital



Clinical Cancer Center



HUB model

- Specialized oncology lab
- Clinics separated by disease state
 - Courage
 - Life
 - Hope
 - Faith
 - Breast Care Center
- Day hospital infusion center
- Radiology Oncology
- Retail Oncology Pharmacy



Project Purpose

- To assess the need for pharmacist-managed ambulatory care services within a clinical cancer center



At your organization are there pharmacists within the oncology clinics that provide direct patient care?

1. Yes
2. No
3. Unknown



Breast Care Center at Froedtert Hospital

- Favorable site for piloting pharmacist-managed ambulatory care services
 - Patient need
 - Staff acceptance
 - Patient volume
 - Provides care to over 265 patients each week



Breast Care Center Staff Survey

- A pharmacist located in the BCC would improve the quality of patient care
11 of 11 respondents agreed
- A pharmacist located in the BCC would save me valuable time
9 of 11 respondents agreed
- A pharmacist located in the BCC would improve patient satisfaction
11 of 11 respondents agreed
- Overall, a pharmacist would be a valuable addition to the BCC
11 of 11 respondents agreed



Breast Care Center Work Flow

- **Shadow oncology staff members**
 - Physicians, mid-level practitioners, nurses, and medical assistants
 - Evaluate potential role for pharmacist interaction
- **Build relationships and trust with oncology staff**
 - Provide quick and accurate information to medication questions
- **Develop intervention tracking tool for categorization**
 - Supportive
 - Treatment
 - Financial



Intervention Tracking Tool

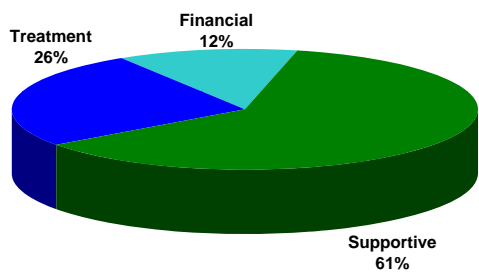
Date	Visit type	Intervention	Intervention subtype	Acceptance	Patient Outcome	Time w/ intervention
5/1/2010	Nurse	Treatment Sped	drug interaction identified	MD accepted	1= Improved patient	5-10 minutes
			allergy			
			DC drug			
			change dose(too low/high)			
			adverse reaction identified			
			adverse reaction managed			
			initiate new therapy			
			adherence			
			drug interaction identified			

Pharmacist Typical Day

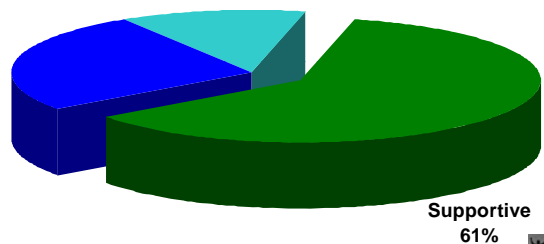


- 0700-0830
 - Evaluate scheduled patients
- 0830-1200 (AM Oncologist)
 - Visit with select patients
- 1200-1600 (PM Oncologist)
 - Visit with select patients

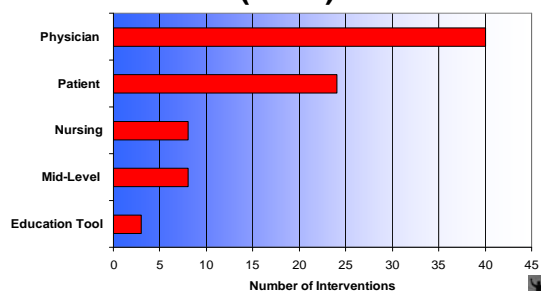
Intervention Results (n=139)



Supportive Care Intervention Results (n=86)

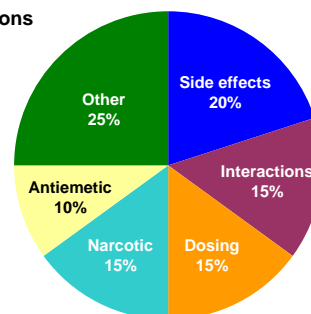


Supportive Care Intervention Results (n=86)



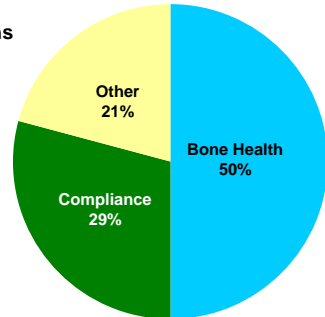
Supportive Care

Physician Interventions (n=40)



Supportive Care

Patient Interventions
(n=24)

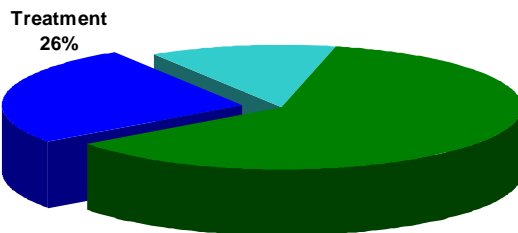


Staff Education Tools

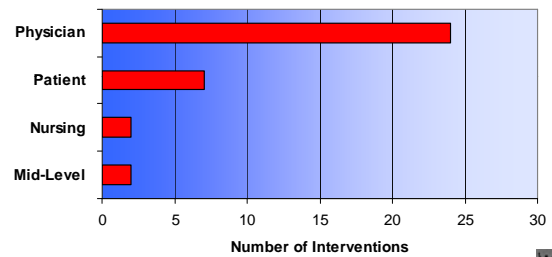
Medical Management of Hot Flashes

Medication	Dose	Effectiveness	Time Frame	Side Effects
Venlafaxine (Effexor®)	37.5 mg qAM titrate to max of 75 mg	25-42% decrease in symptoms	1-2 weeks but may take 4-8 weeks for full effects	Decreased appetite, anxiety, constipation, dry mouth, and nausea
Paroxetine (Paxil®) *AVOID WITH TAMOXIFEN*	10-12.5 mg daily titrate to 25 mg	25-32% decrease in symptoms	1-2 weeks but may take 4-8 weeks for full effects	Headache, nausea, somnolence, insomnia, and dry mouth
Gabapentin (Neurontin®)	300 mg at bedtime titrate up to 900 mg (in divided doses) as needed	16-30% decrease in symptoms	May take 2-3 weeks for full effects	Somnolence, fatigue, dizziness, rash

Treatment Intervention Results (n=36)

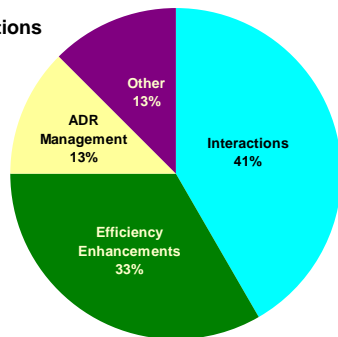


Treatment Intervention Results (n=36)

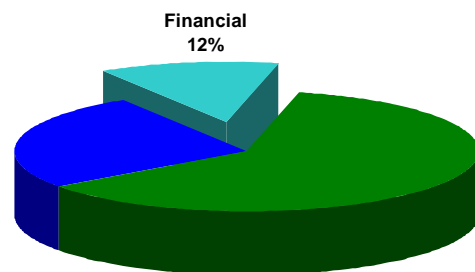


Treatment Interventions

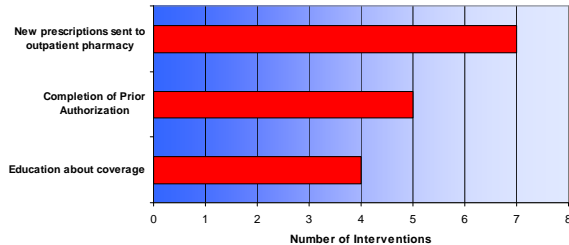
Physician Interventions
(n=24)



Financial Intervention Results (n=16)



Financial Interventions (n=16)



Justification and Financial Impact

- **Customer Service (Patients and Medical Staff)**
 - Assisted medical team with dosing, side effect management/prevention, and educational updates
 - Avoided drug interactions
 - Promoted compliance and osteoporosis prevention
- **Revenue**
 - A 30% increase in the use of the outpatient pharmacy during 12 week pilot (\$10,384)
 - Prescription delivered to patients while receiving chemotherapy infusion (\$2,440)
 - Combined nursing-pharmacist facility charge

Future Directions

- A business plan was proposed to Froedtert Hospital management which resulted in the expansion of ambulatory pharmacy services
- Continued expansion of combined nursing and pharmacist billing
- Evaluate the need for a collaborative practice agreement to expand pharmacists role
- Explore other areas of the Clinical Cancer Center for expand pharmacy services

Conclusions

- Pharmacist-managed ambulatory care services within the BCC at Froedtert Hospital have been favorable
 - Provider/Staff satisfaction
 - Documented interventions
 - Informal patient satisfaction

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