The PHriendly Neighborhood Pharmacist: Mapping the Pharmacist's Role in Pulmonary Hypertension Care Teams

Poster #1072

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Purpose

- Identify the education, training, and key responsibilities of pharmacists who collaborate with pulmonary hypertension (PH) care teams

Background

- PH is a rare, progressive, and life-threatening disease that requires complex medication management to help reduce functional impairment
- Pharmacists can play a critical role in optimizing therapy, supporting complex treatment regimens, and improving outcomes for patients living with PH
- Despite this, there is limited published information characterizing the training, scope of practice, and day-to-day contributions of pharmacists working within PH care teams

Methods

- A cross-sectional survey was distributed to pharmacists working with patients with PH in the inpatient setting, ambulatory care setting, or within specialty pharmacies associated with hospital systems
- This survey captured data on post-graduate training, practice demographics, clinical responsibilities, PH therapies supported, involvement in clinical decision making, and perceived barriers to practice. The survey was distributed via direct solicitation and through professional association listservs
- The survey was voluntary and the responses were anonymous

Results

Figure 1. Location of Survey Participants

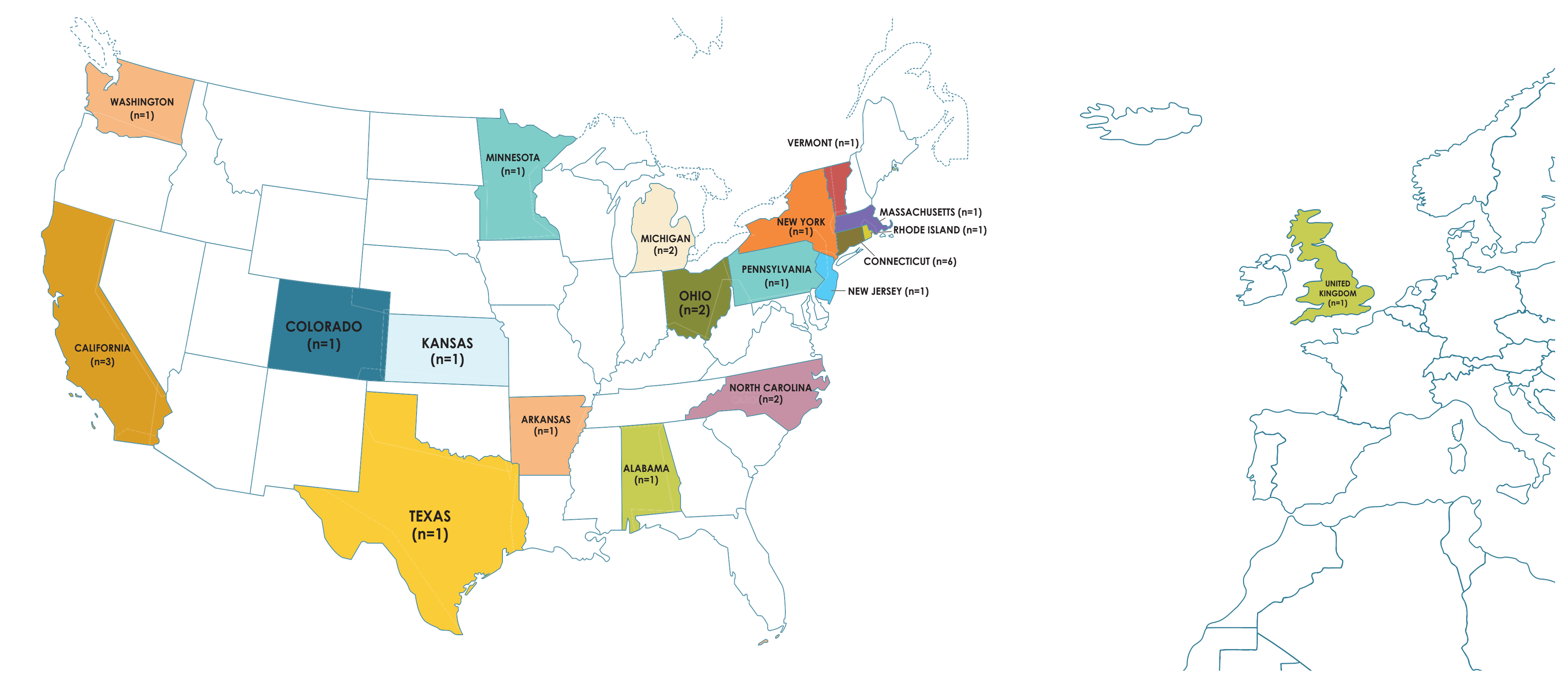
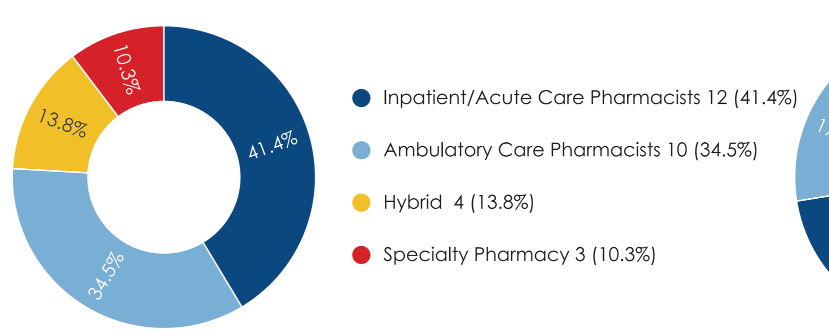


Figure 2. Baseline Demographics

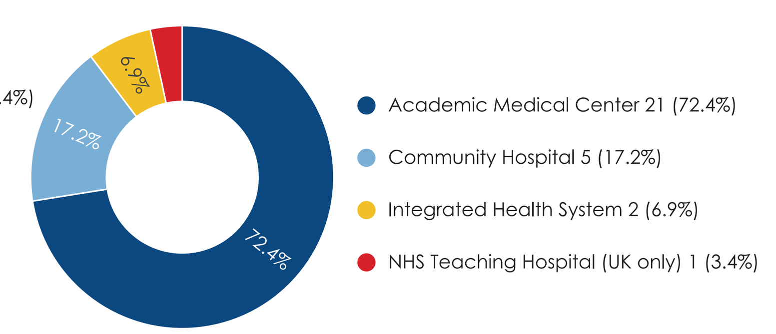
29 Pharmacist Responses

72.4% Practice in a PH Center of Excellence

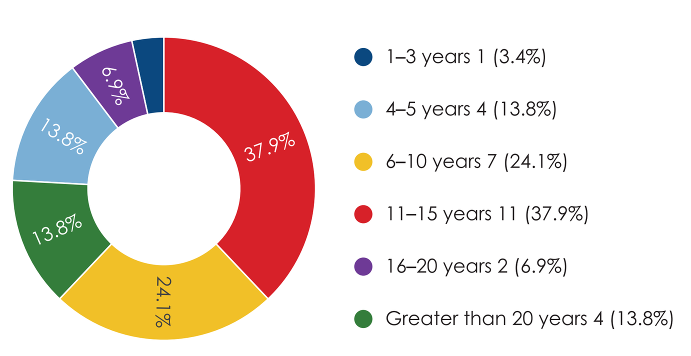
PHARMACY PRACTICE SETTING



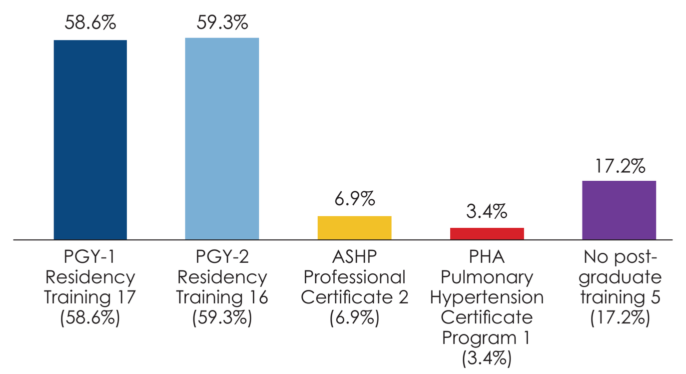
INSTITUTION SETTING



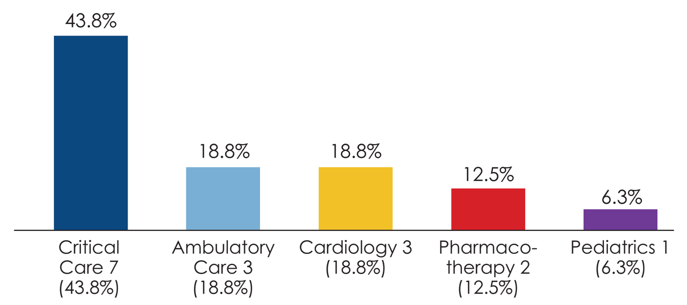
YEARS AS A PRACTICING PHARMACIST



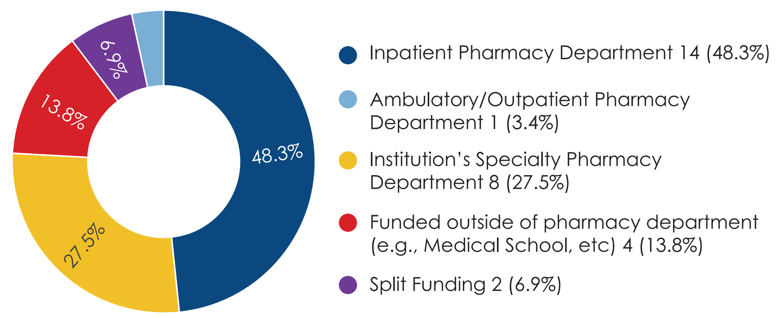
POST-GRADUATE TRAINING



PGY-2 RESIDENCY TRAINING SPECIALTY*



DEPARTMENT WHICH FUNDS PHARMACIST POSITION



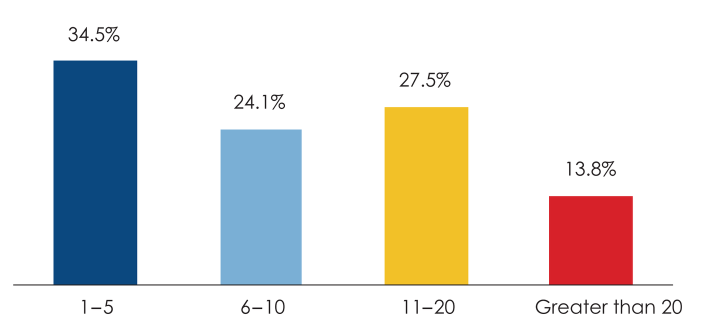
*n=16 pharmacists.
ASHP, American Society of Health-System Pharmacists; PH, pulmonary hypertension; PGY, postgraduate year; PHA, Pulmonary Hypertension Association; NHS, National Health Service.

Figure 3. Pulmonary Hypertension Roles & Responsibilities

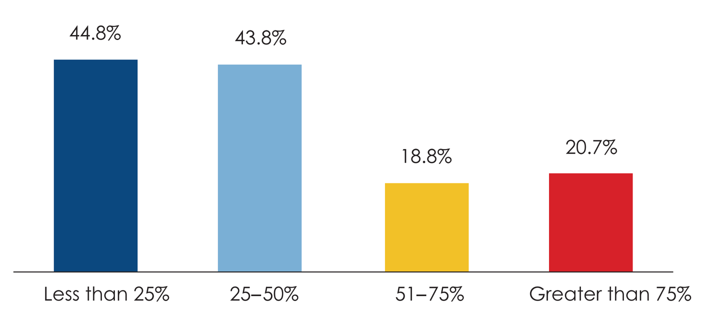
3 Pharmacists who exclusively manage PH patients

72.4% Pharmacists contacted after hours to consult on PH patients and/or medication related issues

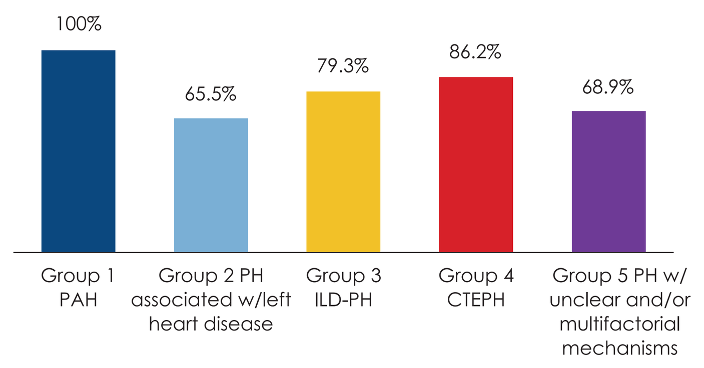
NUMBER OF PATIENTS MANAGED PER WEEK



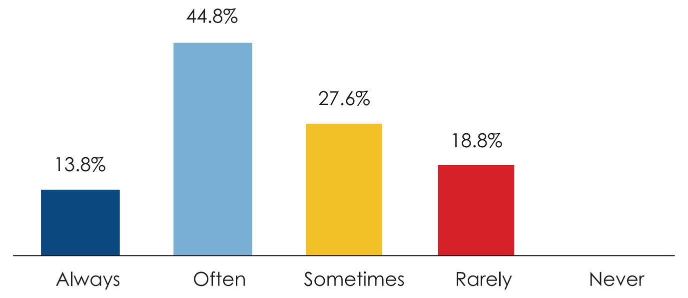
PERCENTAGE OF WEEKLY TIME SPENT COMPLETING PH-RELATED TASKS/ACTIVITIES



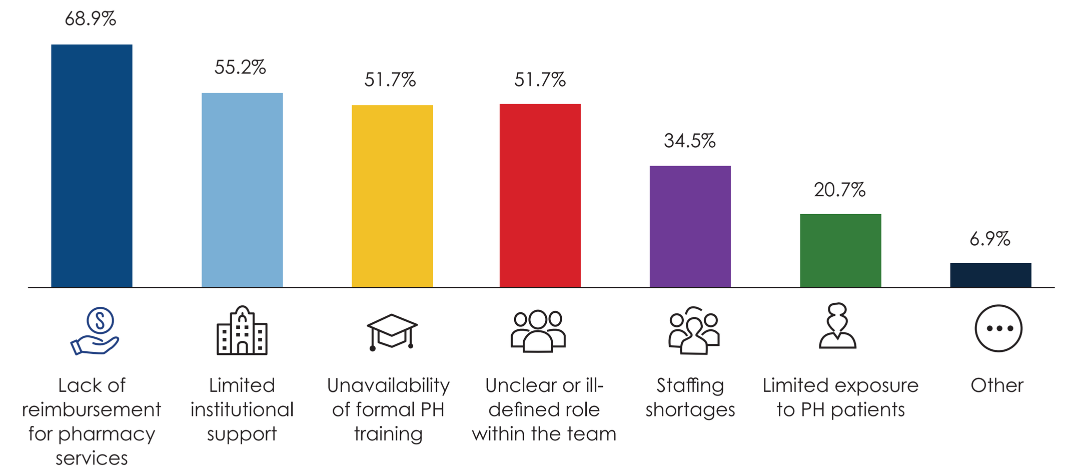
WHO PH GROUPS MANAGED



FREQUENCY OF INVOLVEMENT IN DIRECT CLINICAL DECISION MAKING FOR PH PATIENTS



BIGGEST BARRIERS LIMITING PHARMACIST IMPACT IN PH CARE



CTEPH, chronic thromboembolic pulmonary hypertension; ILD-PH, pulmonary hypertension associated with interstitial lung disease; PAH, pulmonary arterial hypertension; PH, pulmonary hypertension.

Table 1. Job Responsibilities

General Responsibilities	Inpatient/Acute Care Pharmacist n = 12	Ambulatory Care Pharmacist n = 10	Hybrid Pharmacist n = 4	Specialty Pharmacist n = 3
Manage PH-specific health system or clinic policies, protocols, or standard operating procedures	10 (83.3%)	8 (80%)	4 (100%)	2 (66.7%)
Responsible for enrolling patients in REMS programs and/or ensuring they are compliant with REMS program requirements	8 (66.7%)	5 (50%)	4 (100%)	1 (33.3%)
Responsible for performing staff training or maintaining staff competencies	10 (83.3%)	7 (70%)	3 (75%)	1 (33.3%)
Assist with the development of a transition plan for patients converting between different prostacyclin routes (e.g., IV to oral, inhaled to IV, etc)	12 (100%)	10 (100%)	4 (100%)	3 (100%)

Inpatient-Specific Responsibilities	Inpatient/Acute Care Pharmacist n = 12	Ambulatory Care Pharmacist n = 10	Hybrid Pharmacist n = 4	Specialty Pharmacist n = 3
Perform daily chart review on admitted PH patients	10 (83.3%)	2 (20%)	2 (50%)	0
Provide medication education/counseling to patients who initiated PH therapies inpatient	4 (33.3%)	5 (50%)	3 (75%)	1 (33.3%)
Assist with prior authorization requests for medications initiated inpatient	4 (33.3%)	7 (70%)	4 (100%)	2 (66.7%)
Perform transition of care services upon admission/discharge (e.g., contact their specialty pharmacy to confirm doses, etc)	7 (58.3%)	7 (70%)	4 (100%)	2 (66.7%)

Outpatient-Specific Responsibilities	Inpatient/Acute Care Pharmacist n = 12	Ambulatory Care Pharmacist n = 10	Hybrid Pharmacist n = 4	Specialty Pharmacist n = 3
Practice under a Collaborative Drug Therapy Management (CDTM) agreement or similar that allows you to initiate/modify/discontinue medications and/or order relevant laboratory work	2 (16.7%)	9 (90%)	2 (50%)	2 (66.7%)
Responsible for writing medication denial appeal letters	1 (8.3%)	9 (90%)	4 (100%)	2 (66.7%)
Perform medication reconciliation & counseling for patients who initiate new PH therapies	4 (33.3%)	7 (70%)	4 (100%)	3 (100%)
Follow-up with or monitor the progress of patients who are actively titrating their respective PH medications	1 (8.3%)	7 (70%)	4 (100%)	3 (100%)

PH, pulmonary hypertension.

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Conclusion

- Pharmacists supporting PH care fulfill diverse, often cross-sectional responsibilities that extend well beyond their original job descriptions, yet limited reimbursement and institutional support remain major barriers to maximizing their clinical impact

Disclosures

The authors have nothing to disclose.

Acknowledgements

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