

Center for Healthcare Delivery Science and Innovation

Problem

- Clinical pharmacy services have been an integral part of inpatient pediatric care teams for years. However, clinical pharmacy services in pediatric ambulatory clinics are much less common.
- Few studies examine the impact of a pediatric clinical pharmacist in ambulatory settings.

Goal

- Determine the financial and clinical impacts of new pediatric ambulatory pharmacy services at Comer Children's Hospital
- Pediatric neurology (January 2022), heptaology (March 2022), nephrology (June 2022), and rheumatology (July 2022)

Strategy

Services provided by pharmacist (PharmD) and advanced medication access coordinator (AMAC)

Medication Access

Test claims, prior authorizations, mail order pharmacy management

Medication Education

Medication charts, medication dosing calendars, medication counseling

Clinical Management

Medication reconciliation, clinic visits, drug therapy management, immunization recommendations

Primary Endpoints

- **Financial:** total revenue generated by pediatric clinic mail order pharmacy patients
- **Clinical:** reduction in medication list errors upon repeat medication reconciliation by PharmD

Secondary Endpoints

- **Financial:** proportion of Rx's sent to internal **DCAM Pharmacy**
- **Clinical:** Prior authorization (PA) outcomes, Medication education provided by PharmD, Clinical recommendations made by PharmD

First-Year Clinical and Financial Impacts of Ambulatory Clinical Pharmacy Services At A Children's Hospital

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Financia

Annual Revenue G Rx's Filled at DCAN

~ \$700,00

Annual Department Rx's Sent to

2021: 15.3 2022: 26.3

Clinical Recomm

- 58 vaccine administrations to 34 immunocompromised patients
- 57 medication dose adjustments
- 80 new medication recommendations

Medication R

Reconciliation Group

Total, N = 356

Average # Meds

Average # Errors

Neurology, N = 227

Hepatology, N = 54

Nephrology, N = 51

Rheumatology, N = 24

Medication Reco

Reconciliation Group

First Reconciliation, N = 295

Repeat Reconciliation, N = 61

Re			
al	Medication Access		Integration of ambulatory clip
enerated by M Pharmacy	PA Outcome	Number	 revenue for the Completion of PharmD in high the number of by 28.4%, and errors found p
	Approved, initial request	230 (75.7%)	
Proportion of DCAM	Approved, appeal	26 (8.6%)	
	Approved, 2 nd appeal	4 (1.3%)	 Patients filling less likely to h
3% 3%	Denied	32 (10.5%)	Of the prior au
	Cancelled	12 (3.9%)	PharmD team 85.6%. Half of
nendations	Medication Education		The PharmD 397 times and least 105 times
	217 medientien eherte previded te petiente		least 195 time

- pediatric pulmonology
- - patients
 - transplant patients
 - and lupus patients
- management

Acknowledgements

Pediatric Hepatology, Neurology, Nephrology, Rheumatology teams for helping us build new programs to improve patient services!

- 217 medication charts provided to patients
- 108 medication dosing calendars made for taper/titration plans
- 72 medication counseling sessions

Medication Reconciliation

18/33 (54.5)

Reconciliations with Errors – First vs. Repeat Reconciliation				
First N (%)	Repeat N (%)	p-value		
261 (88.5)	34 (60.1)	< 0.001		
7.4	9.7			
5.1	2			
194 (92.8)	13 (72.2)	0.003		
30 (78.9)	10 (62.5)	0.208		
23 (69.7)	10 (55.6)	0.313		
14 (93.3)	4 (44.7)	0.015		
onciliations – Primary DCAM Pharmacy vs. External Pharmacy				
DCAM	Not DCAM	p-value		
N (%)	N (%)	p-value		
27/42 (64.3)	234/253 (92.4)	< 0.001		

19/28 (67.9)

< 0.001



Conclusions

a clinical pharmacist in pediatric linics generated ~ \$700,000 of annual ne institution

f medication reconciliation by a clinical gh-risk patients significantly decreased reconciliations that contained errors d decreased the average number of per reconciliation from 5.1 to 2.

g at the internal DCAM pharmacy were have errors in their medication list. uthorizations completed by AMAC and n the overall approval rating was of these PAs were initiated proactively. provided medication education at least d made clinical recommendations at es throughout the year.

Integration of a clinical pharmacist into the pediatric clinics has a positive impact on patient care

Next Steps

Expand medication access services:

developmental pediatrics, pediatric cardiology,

Increase focus on improving clinical outcomes Improve hypertension control in nephrology

• Improve in-goal immunosuppression levels in

• Improve medication adherence in transplant

Pharmacist-provided weight loss drug therapy