HSCT in 2020
System Capacity Initiative

Pharmacy Working Group

Helen Leather, BPharm
University of Florida/
HLL Communications, LLC
Working Group Chair

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Financial Disclosure – None

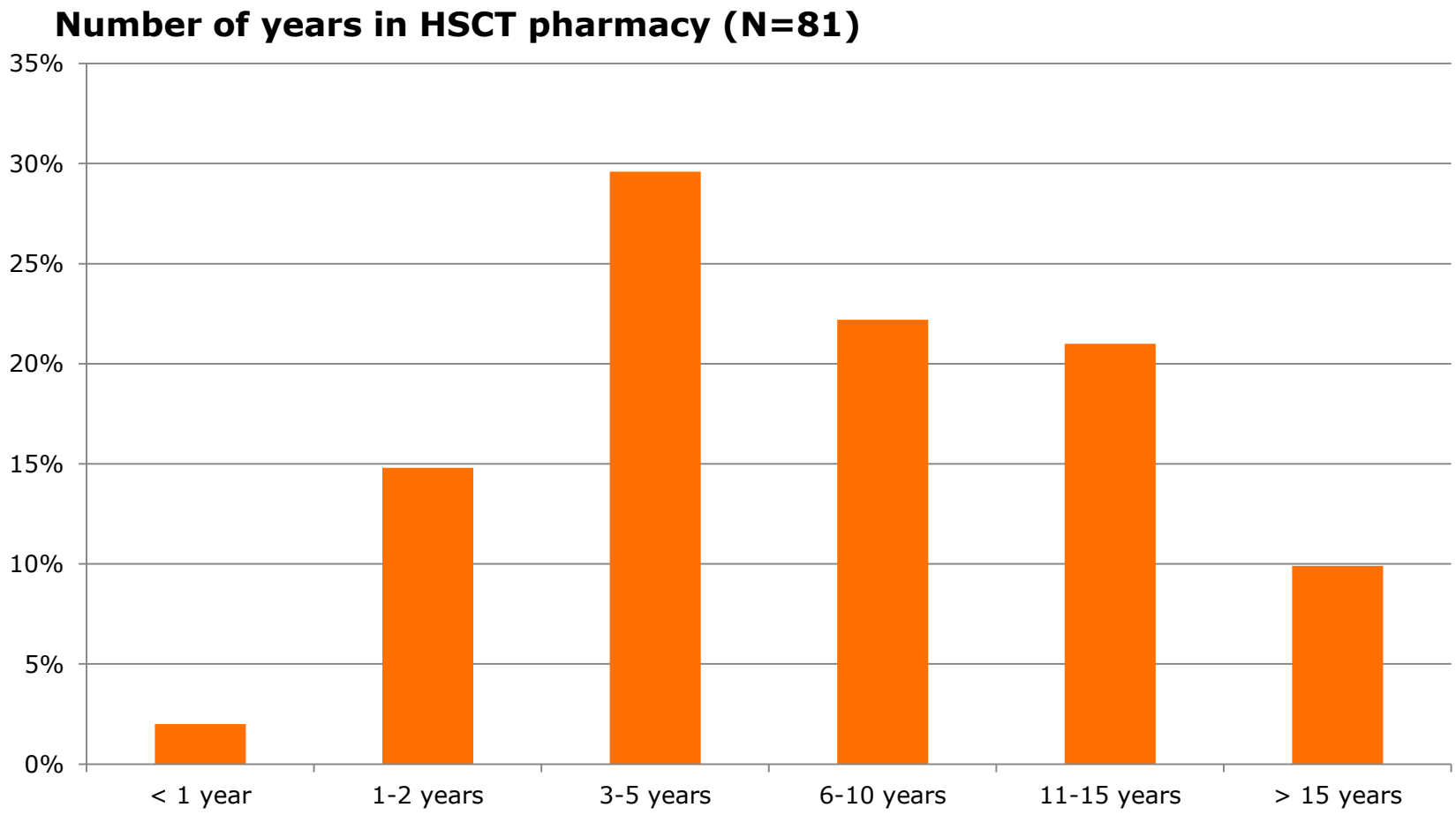
Learning Objectives

- At the conclusion of this session, attendees will be able to:
  - Describe pharmacy workforce challenges to current and future HSCT therapy utilization.
  - Identify initiatives that will contribute to future concepts, methods, technology, treatment, and services that drive the field of HSCT.

Survey Demographics

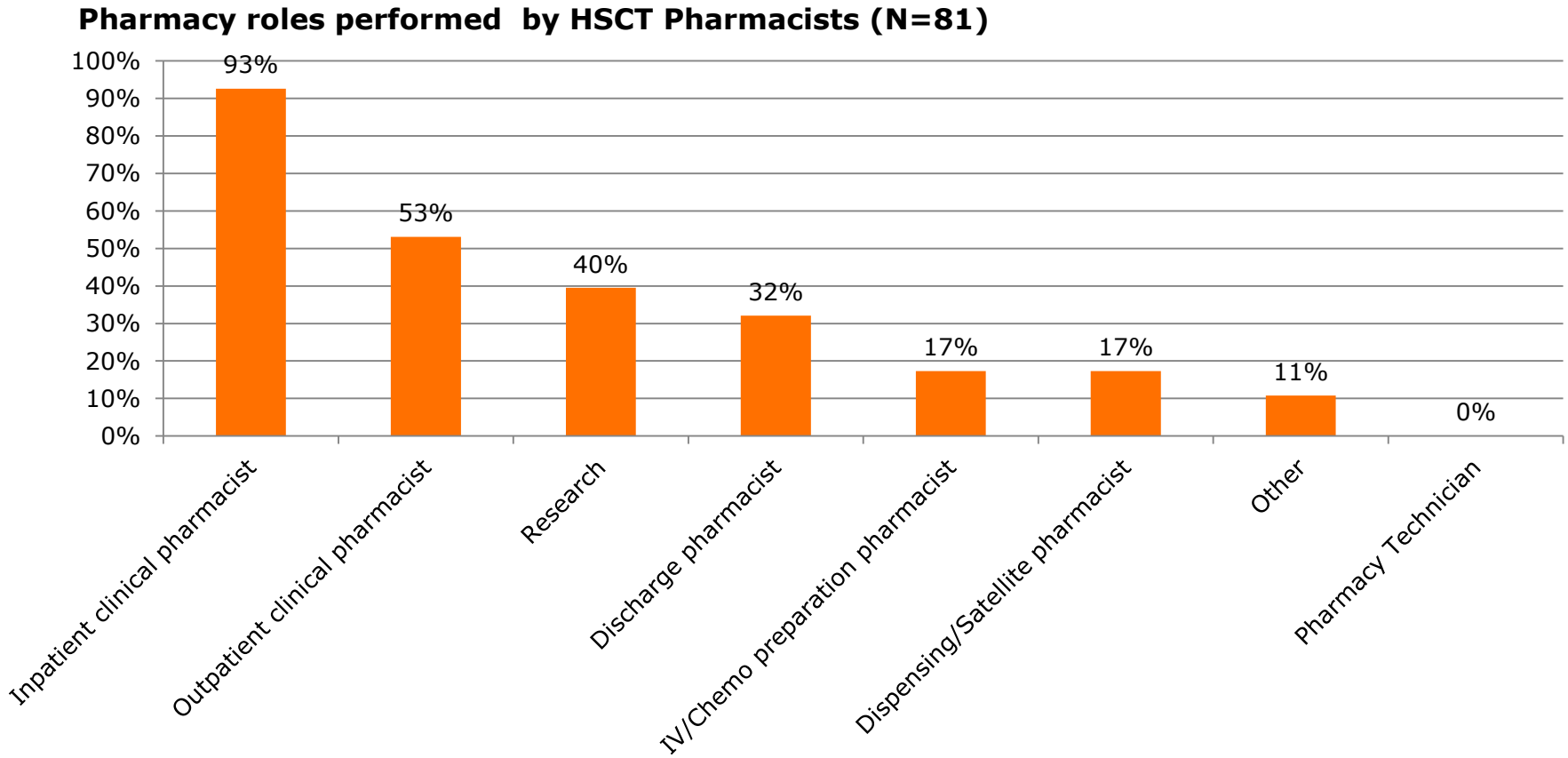
Characteristic	Total %(n)
Gender	
Male/ Female	30.9 (25) / 69.1 (56)
Age (yrs)**	
<31	21.0 (17)
31-40	44.4 (36)
41-50	25.9 (21)
51-60	7.4 (6)
Transplant Center Size^**	
Medium	32.5 (25)
Large	48.8 (36)
Unknown	2.6 (2)
Region of U.S.	
Northeast	15.6 (13)
Midwest	22.8 (19)
South	50.6 (42)
West	10.8 (9)

Survey Demographics



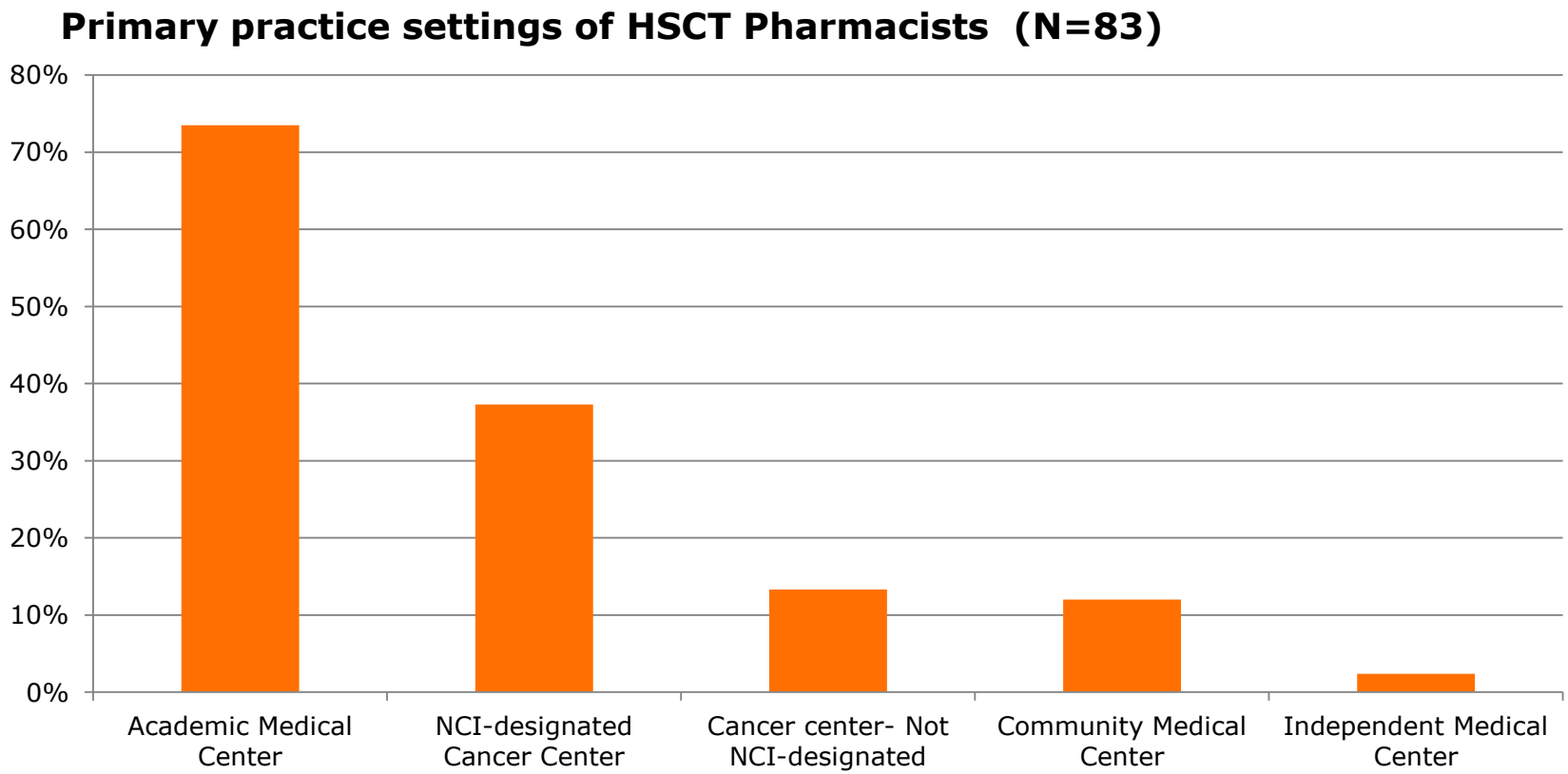
Survey Key Findings

- HSCT Pharmacists perform a variety of roles including:



Survey Key Findings

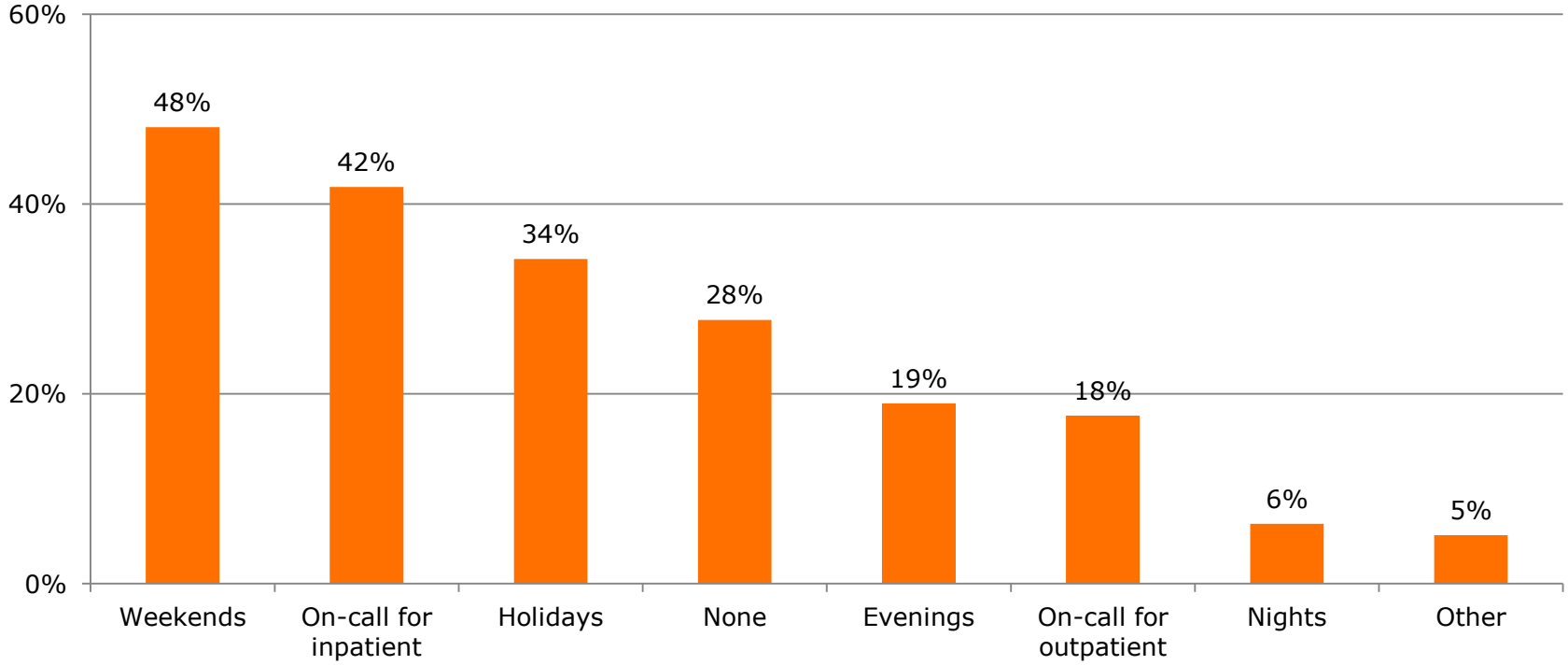
- Majority of HSCT pharmacists practice in an academic medical center:



Survey Key Findings

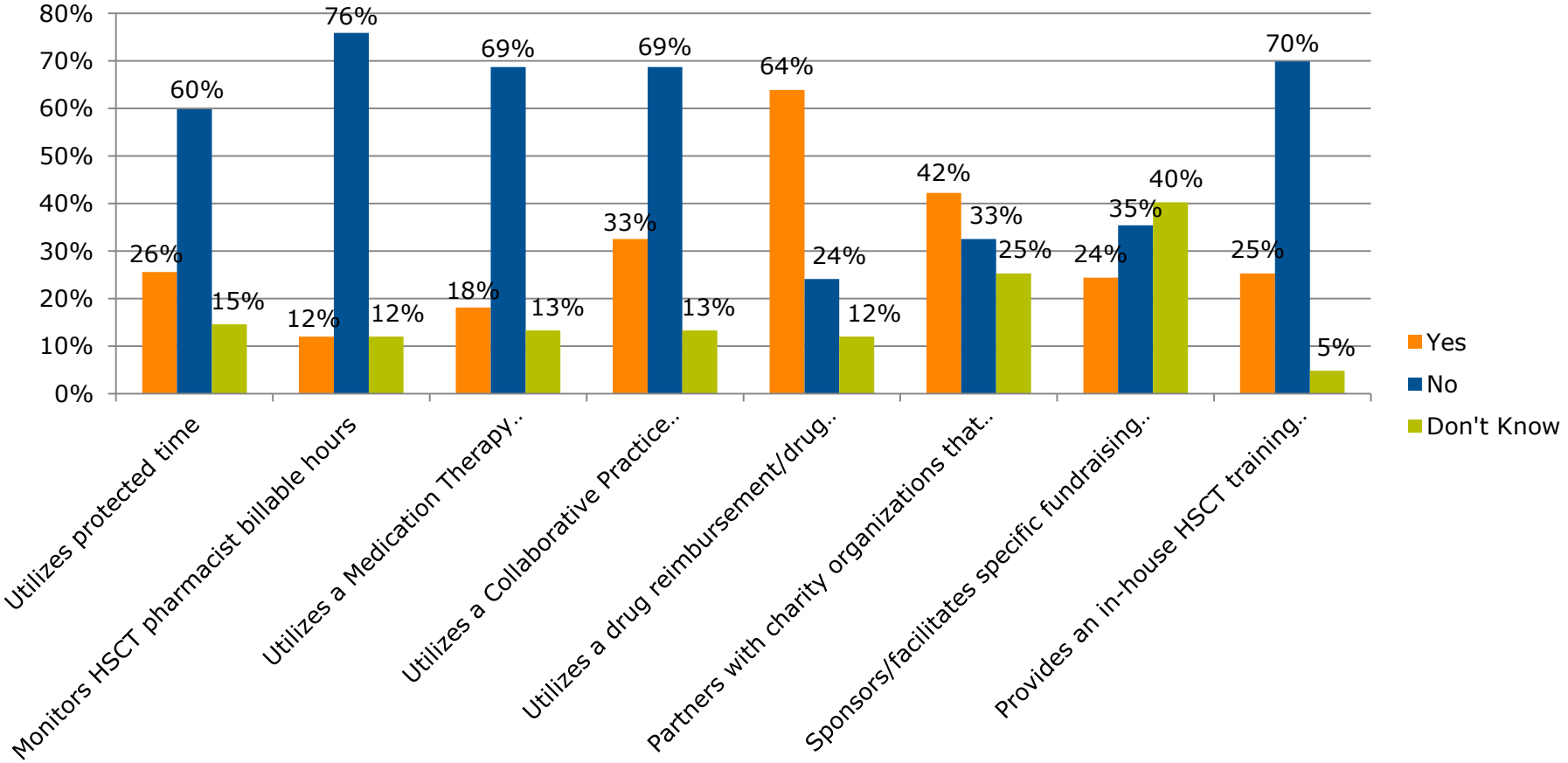
- The majority of Pharmacists perform on-call/after hours services

Type of after-hours coverage HSCT pharmacists provide (N=79)



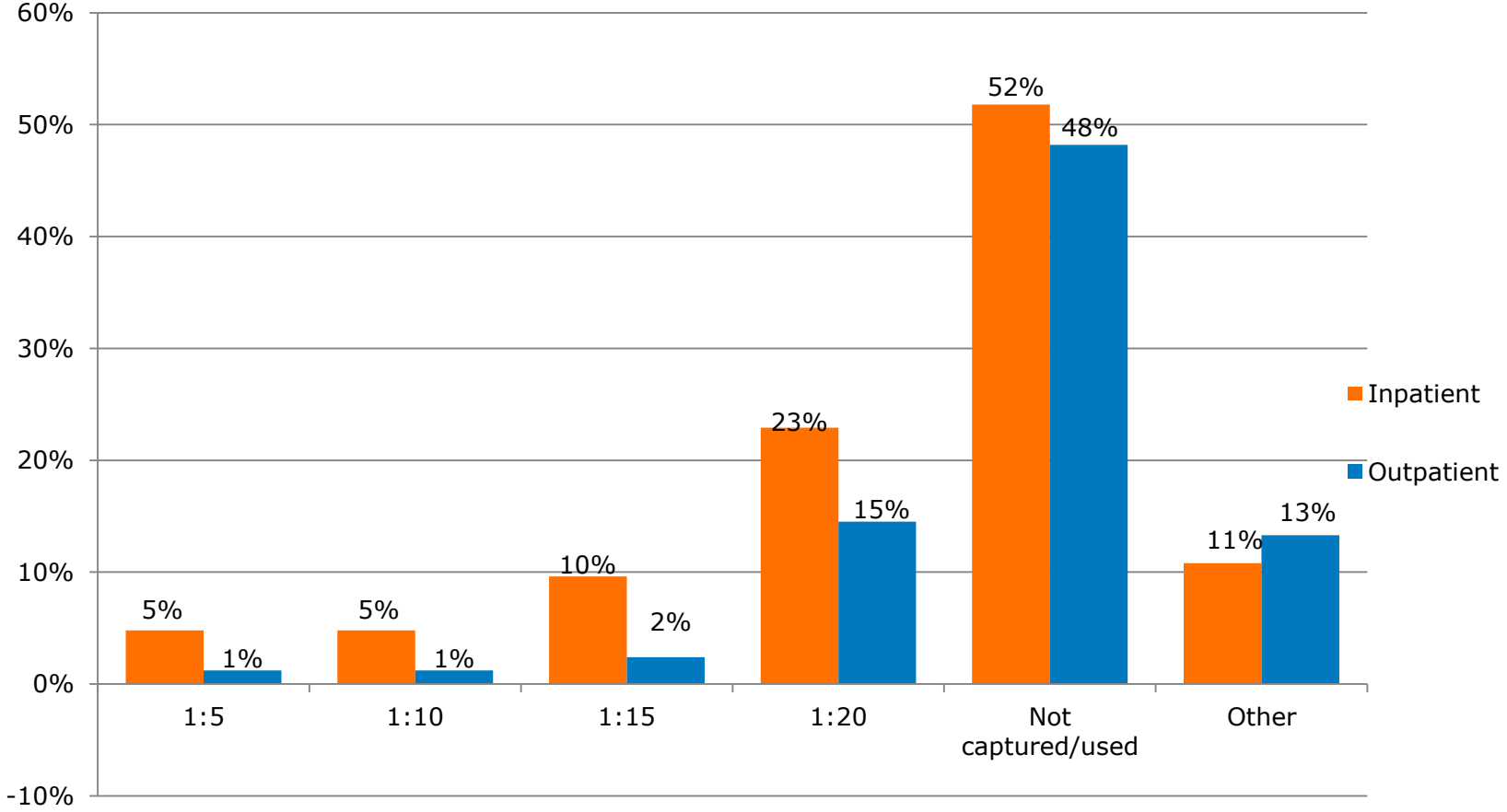
Survey Key Findings

Services that HSCT Pharmacist Institutions Utilize (N=83)



Survey Key Findings

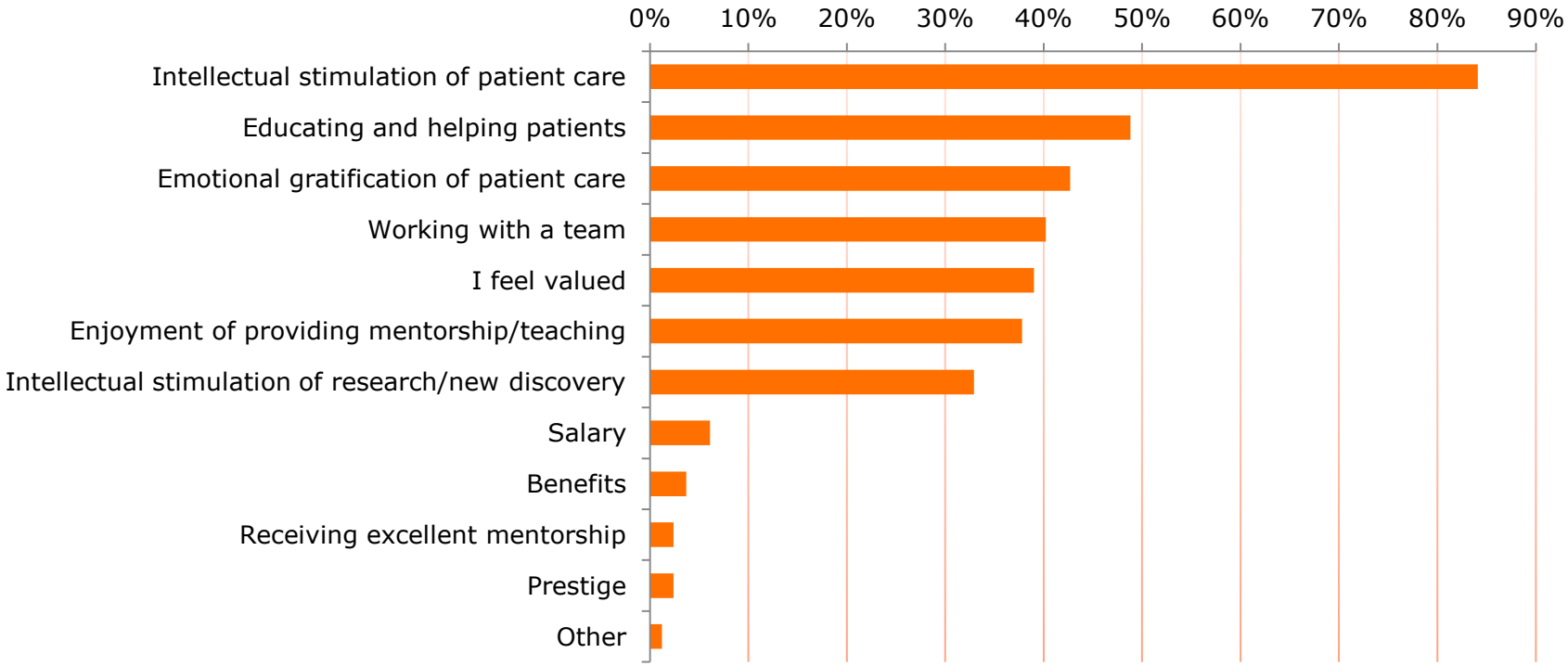
Institutional Pharmacist-to-patient ratios (N=83)



Survey Key Findings

- 91% are satisfied or very satisfied

Most satisfying aspects of HSCT Pharmacists career (N=82)

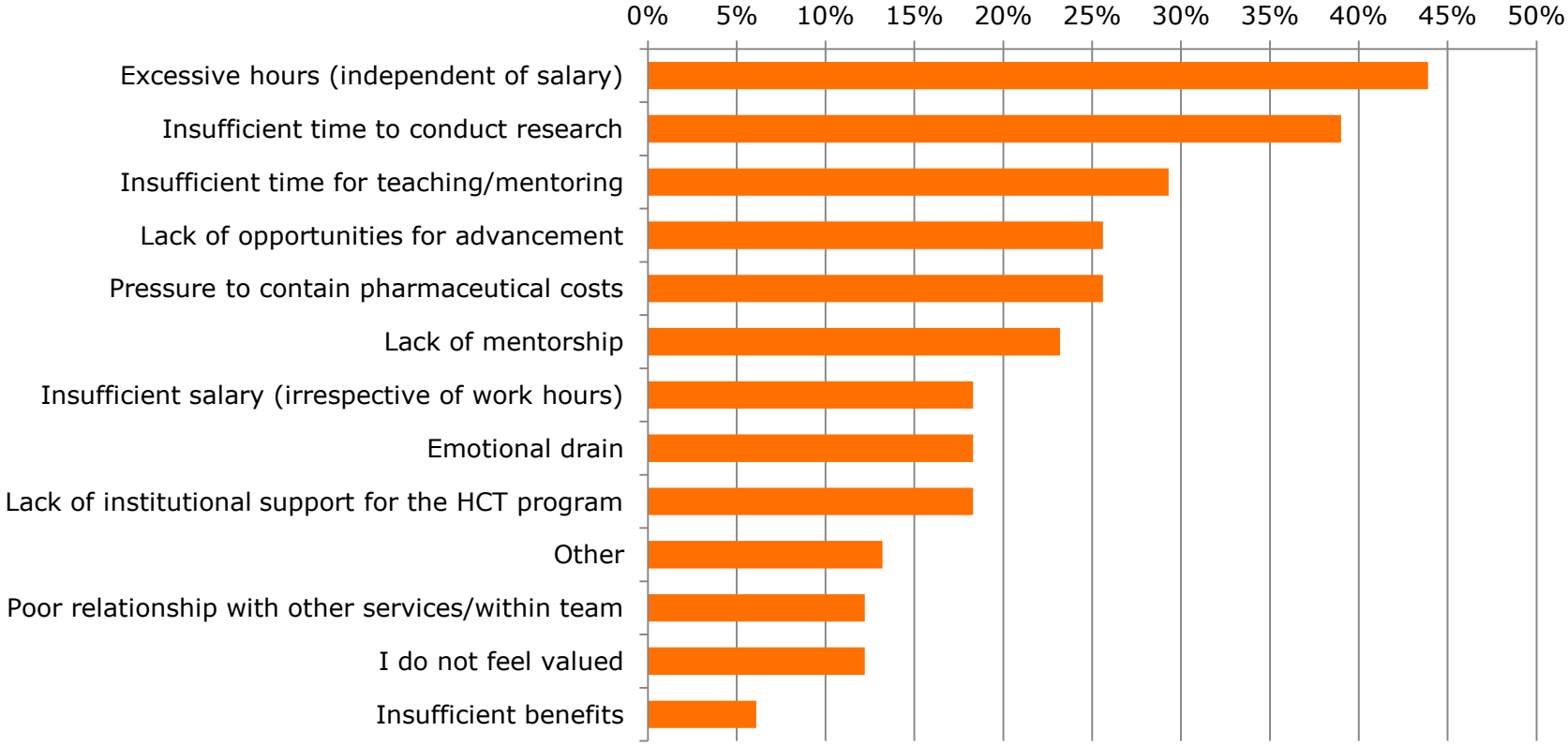


- Similar to other groups in Year I

Survey Key Findings

- 1% are dissatisfied or very dissatisfied

Least satisfying aspects of HSCT Pharmacists career (N=82)



Recommendations

- Classified into three large groups
  - Refine the role of the pharmacist in the HSCT setting/team
  - Recruitment: address the projected shortage of pharmacists
  - Improve delivery of care

Recommendations

- Refine the role of the pharmacist in the HSCT setting/team
  - Establishing core functions for various pharmacy team members
    - Allows more time for clinical pharmacists to provide services
  - Develop Collaborative Practice Agreements
    - Will streamline certain monitoring functions freeing up MD/PA/ARNP time
  - Billing for the provision of OP Pharmacy Services
    - Generate revenue to employ additional people

Recommendations

- Recruitment: address the projected shortage of pharmacists
  - Increased awareness of HSCT pharmacy as a specialized career
  - Provision of a live (and Web) training program course for new HSCT pharmacists at Tandem and/or HOPA annual meetings or online
    - Explore Boot Camp at HOPA on HSCT, beginning with the 2013 meeting
  - Improve exposure to HSCT in oncology pharmacy residency training programs

HOPA, Hematology/Oncology Pharmacy Association

Recommendations

- Improve the delivery of care
  - Develop a standard pharmacist:patient ratio for both inpatient and outpatient HSCT patients by defining a minimum standard of care
  - Recommend a drug reimbursement /drug replacement program at each HSCT program
  - Recommend Best Practice of running "test claims" for expensive medications to help predict when there will be issues
  - Establish a Charity Assistance Program at each center

Prioritized Recommendations - 1

- Develop and utilize Collaborative Practice Agreements
  - Benefits to increasing system capacity initiative
    - Decrease MD/PA/ARNP time
    - Decrease verbal orders (more JCAHO compliant)
    - Fewer phone calls to MD/PA/ARNPs for refills for outpatient
    - Improved pharmacist job satisfaction

Prioritized Recommendations - 1

- Develop and utilize Collaborative Practice Agreements
  - Resources needed/costs/organizations to engage
    - Presentations at ASBMT for physicians, pharmacists and administrators
    - Best practice publication from centers that have successfully implemented this
    - Each center will need to develop committee with physicians and pharmacy to develop and implement CPA

Prioritized Recommendations - 2

- Offer a training course for new HSCT pharmacists at Tandem and/or HOPA annual meetings, or on-line
  - There are limited opportunities to obtain training in HSCT. Oncology residency programs have minimal exposure to HSCT unless the specific candidate has an interest and undertakes their residency at a center with a robust HSCT program
    - Offer a training course for new HSCT pharmacists at Tandem and/or HOPA annual meetings or on-line
    - Explore Boot Camp at HOPA on HSCT, beginning with the 2013 meeting

Prioritized Recommendations - 2

- Offer a training course for new HSCT pharmacists at Tandem and/or HOPA annual meetings, or on-line
  - Benefits to increasing system capacity initiative
    - Enable cross-training of solid tumor pharmacists without need for residency
    - Offer learning opportunities to develop expertise with a view to future employment in HSCT
    - Offers an opportunity to pharmacists who wish to change careers after residency training
  - Progress: course syllabus being finalized; volunteer content writers identified

Prioritized Recommendations - 3

- Define minimum standard of care for patient– and get endorsement by FACT in order to maintain the center's FACT accreditation
  - Considerable variability in the level of pharmaceutical care provided across the country
  - There is a need to define a minimum standard that is endorsed by the accreditation bodies.
    - Provide a staffing benchmark that would need to be adhered to by hospital/clinic management

Prioritized Recommendations - 3

- Define minimum standard of care for patient– and get endorsement by FACT in order to maintain the center's FACT accreditation
  - Benefits to increasing system capacity initiative
    - Enable more patients to undergo HSCT by improving efficiency
    - Increase the number of pharmacists
    - Decrease workload/ patient for other providers
    - Decrease workload per pharmacist
    - Improve outcomes

Working Group Membership

- Chair
  - Helen Leather, BPharm
- Vice Chair
  - Laura Wiggins, PharmD, BCOP
- Members
  - Joe Bubalo, PharmD, BCPS, BCOP
  - Ashley Morris Engemann, PharmD, BCOP
  - Chris Fausel, PharmD, BCPS, BCOP
  - Alison Gulbis, PharmD, BCOP
  - Cindy Ippoliti, PharmD
  - Tippu Khan, PharmD, BCOP
- Members cont.
  - Casey Williams, PharmD, BCOP
  - Scott Lanum, PharmD, BCOP
  - Julie Merten, PharmD, BCPS, BCOP
  - Jamie Shapiro, PharmD, BCOP
  - Sepideh Shayani, PharmD
  - Connie Sizemore, PharmD
  - Tracey Walsh-Chocolaad, PharmD, BCOP
- NMDP Lead Staff
  - Lyndsey Aspaas, CHTC
  - Pam Robinett
  - Susie Burke (admin.)

Questions or Comments

E-mail:
helen.leather@hllcommunications.com

or

SystemCapacity@nmdp.org