The Implementation of an On-Site Pharmacist at a Dermatology-Rheumatology Clinic

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INTRODUCTION

The Dermatology-Rheumatology clinic at Rhode Island Hospital is held on a weekly basis to serve patients with conditions that impact their skin and joints. During office visits, a dermatologist and a rheumatologist simultaneously address the clinical manifestations of disease, while an on-site pharmacist addresses medication delivery. In theory, delivering care in this fashion has tangible benefits. The number of required office visits per-patient decreases, and communication across medical specialties improves. However, the impact of adopting an on-site pharmacist in an academic dermatology department has not been rigorously studied or reported in medical literature.

OBJECTIVE

- To characterize the tasks and workflow of an on-site pharmacist and determine the frequency at which medications are prescribed.

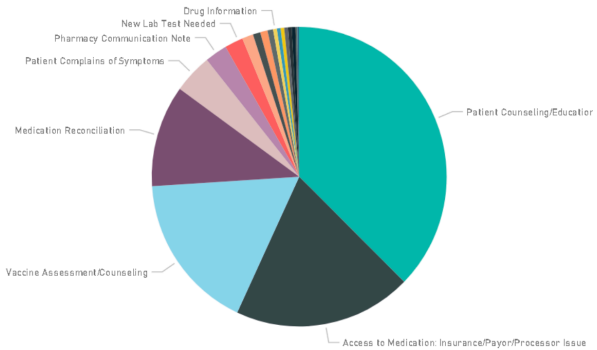
METHODS

All pharmacology interventions were reviewed from June 2016 to October 2019. Statistical analyses were conducted using Power BI 2015.

RESULTS

During the 3.5-year period, 492 interventions were performed by the on-site pharmacist. Interventions are listed here from most to least frequent and are summarized in *Figure 1*. The most frequent intervention was counseling and educating patients about treatment options for their current disease states. This was followed by resolving medication access issues with insurance companies and assessing patients' vaccination status. Other interventions included reconciling medication lists, providing general information about medications, responding to patients' side effects, communicating with outside pharmacies and ordering new laboratory tests. The most common medications that were tracked by the pharmacist were Cosentyx (11%), Methotrexate (10%), Otezla (8%) and Taltz (10%). Less common medications included Azathioprine (2%), Cimzia (1%), Dupixent (1%), Dapsone (1%), Embrel (5%), Humira (6%), Hydroxychloroquine (4%), Infliximab (2%), Mycophenolate (2%), Thalidomide (2%) and Xeljanz (3%).

Figure 1. *Pie Chart of interventions performed from June 2016 to October 2019*



DISCUSSION

- Implementation of an on-site pharmacist has supported patients and physicians during weekly clinic.
- Future research studies should directly compare patient satisfaction before and after pharmacist implementation. Cost effective analyses should also be performed to increase awareness regarding start-up costs, as well as potential long-term financial savings.

CONCLUSION

Academic dermatology departments that are adopting similar patient-centered care models should expect that the largest effect will be increased patient counseling. Patients will be provided education on their current treatment options based on their evolving disease states and the policies of their insurance companies.

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