Evaluation of Clinical Pharmacy Services in a Hematology Outpatient Setting

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Background

Drug management of hematological patients is complex because it integrates numerous agents (antineoplastics, supportive care, and medications for co-morbidities). In the ambulatory setting, clinical pharmacist can contribute to patient care through collaboration with a multidisciplinary team.

Aim and Objectives

The aim of this study was to document and evaluate the interventions of hematology clinical pharmacists in patients treated with oral antineoplastics in an outpatient setting.

Methods

Prospective, descriptive, observational study carried out from March 2018 through September 2019. The patients were scheduled for an appointment at pharmacist consultation where an interview was realized. Comprehensive medication (chemotherapy, supportive care and ambulatory treatment) and electronic health records (EHRs) reviews were performed before the pharmacist´s interview..

Methods

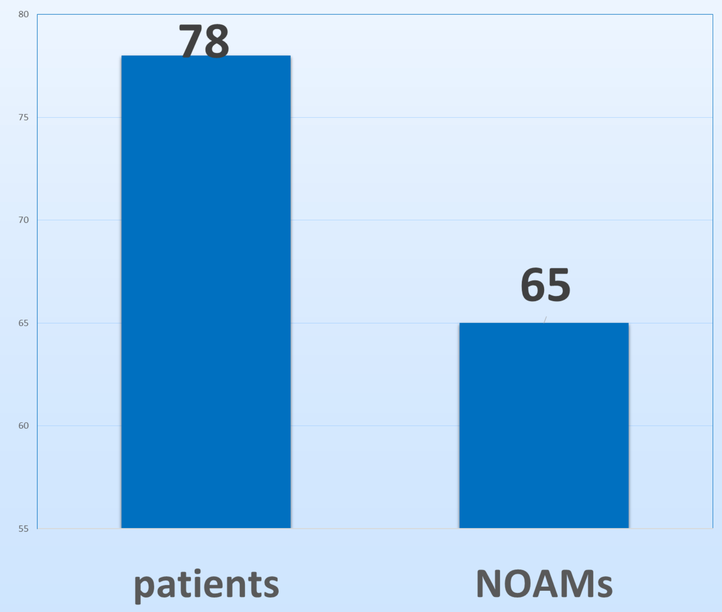
The pharmacist identified drug-related problems (DRP) and negative outcome associated with medications (NOAMs), defined according the Third Consensus of Granada. Subsequently, pharmacists made a report with the proposed pharmaceutical interventions (IP) which were included in the patient's EHRs The intervention acceptance rate by the hematologists was evaluated, as well as if the DRP had been solved

Results

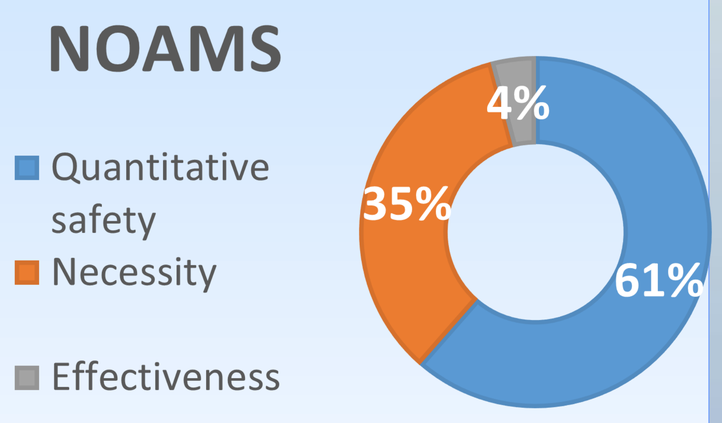
All the patients interviewed were included in this analysis (n=78)

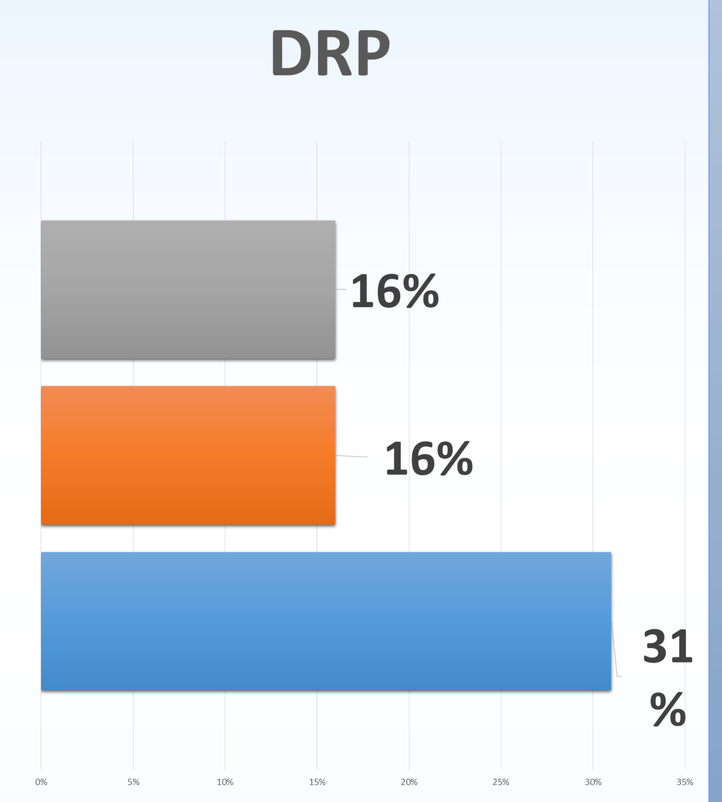
Diagnostics: Multiple myeloma, chronic lymphocytic leukemia and chronic myeloid leukemia.

Drugs with higher involvement in medication problems were **LENALIDOMIDE and IBRUTINIB**



Results





There were **163 IPs** performed within this outpatient setting: dose/regimen adjustment was the major type of intervention.

Most **(70%)** interventions were accepted and implemented by the hematologists and the drug-related problem solved.

Conclusion and relevance

The outpatient pharmaceutical intervention can solve in a significant way both DRPs and NOAMs in hematological patients, and thus help to improve the quality of their pharmacological therapy. A pharmacist report integrated in the electronic health record contributes to facilitate access to intervention.