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DEVELOPMENT OF A STRATIFICATION MODEL FOR AMBULATORY ONCOLOGY PHARMACY PATIENTS

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OBJECTIVE

To develop a tool for the identification of high alert oncology patients in the oncology ambulatory clinic.

METHODS

Phase I: literature review to identify risk factors for hospital utilization in oncology patients.

Phase II: a panel of experts selected and reviewed the variables in several rounds for consensus. Relative weights for each of the variables were assigned.

Phase III: the model was retrospectively tested in the patients that received care in the unit on a random day.

RESULTS

Final stratification model.

¹As defined by IMPS's list of High-Alert Medications in Community/Ambulatory Settings. ²As defined by NCI-modified Charlston index.

	Variable	Weight
Patient characteristics	Age >65 years	1
	ECOG >1	1
	Body Mass Index <20.5	1
	Pregnancy/breastfeeding	Highest priority*
	Patient included in the regional program for complex chronic needs (PCC/NIA)	Highest priority*
Treatment-related variables	Number of chronic medications >6	1
	Ambulatory high-risk drug ¹	2
	High-emetic risk chemotherapy	1
	Receiving oral antineoplastic agents	Highest priority*
Clinical variables	Gastrointestinal tumor	1
	Chronic diseases ²	2
	Treatment line >1	1
Previous utilization of resources	ED visit or hospital admission in the previous 30 days	1

Characteristics of the test population

Male: 48.8%

Distribution of patients from the test population.

43 patients

Median of age: 64 (IQR: 52-73 years

Median of ECOG: 1 (IQR: 0-1)

Median of 6 (IQR: 3.5-10) chronic medications

20 patients with ≥1 ambulatory high-risk drugs¹

11 patients with ≥1 chronic diseases²

5 patients with utilization of hospital in the previous 30 days

1 patient PCC/NIA

3 patients treated with oral antineoplastic agents

HIGH ALERT **PATIENTS** 4 patients 12-8 points **RISING RISK** 12 patients 7-5 points LOW PRIORITY 27 patients 4-0 points

*Patients with any of the highest priority variables are considered as High Alert Patients.

CONCLUSION

The model was a useful tool for detecting patients that could benefit from clinical pharmacy services.



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