

**Necessity of Pharmacist-driven non-prescription telehealth consult services in the era of  
COVID-19**

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In light of the recent worldwide pandemic of COVID-19, it has become ever more pertinent that we as pharmacists and healthcare providers become more innovative in the care we provide and mediums we use to provide that care. COVID-19 may be the first virus to impact worldwide communities with the great need for social distancing and limitation of public interactions but will not be the last virus we see with similar societal implications in our lifetime.

While rarely reported, cancer care has been disproportionately negatively impacted by COVID-19. Patients diagnosed myeloproliferative neoplasms (MPN)s, is a group among cancer patients that need frequent clinic visits to successfully manage their disease. As an immunocompromised population, social distancing is most critical for this at-risk population during the pandemic. Balancing this fine line between optimal care and safety is a challenge for all clinicians, but also an opportunity for innovation.

Patients diagnosed with MPNs have a symptom burden that compromises patient quality of life. The only curative treatment option is allogeneic hematopoietic stem cell transplantation, which is high risk and therefore an option for few patients. Other treatment options are used to alleviate symptoms.<sup>1-2</sup>The Myeloproliferative Neoplasm Symptom Assessment Form total symptom score (MPN-SAF TSS) is an assessment used for serial assessments of response to therapy.<sup>2</sup>The Dynamic International Prognostic Scoring System (DIPSS plus) is a dynamic risk assessment tool that can be used at diagnosis and anytime during the course of therapy to stratify patients into risk categories that are predictive of survival in MPNs, specifically Myelofibrosis (MF).<sup>3</sup> Providers utilize both the MPN-SAF TSS

and DIPSS plus as tools upon diagnosis and throughout therapy to guide treatment, and to assess when changes in therapy are needed. These assessments have been traditionally done in-person, during their clinic appointment, which was identified as inefficient for the patient and the provider. Providers noted a desire to obtain this information before appointments to streamline treatment decision-making.

Prior to the COVID-19 outbreak, the Specialty Pharmacy Service at Atrium Health, partnered with the Leukemia/Myeloid Malignancies Division at Levine Cancer Institute-Morehead in Charlotte, NC and successfully implemented a telehealth consult service for MF patients. Pharmacists complete the MPN-SAF TSS and the DIPSS plus risk score via telephone and upload this information to the Electronic Medical Record (EMR) prior to the patient's next visit in order to give the provider necessary information to maximize time during the in-person clinic appointment, and post COVID-19, the virtual appointment. This telehealth consultation and collaboration between pharmacists and providers enables us to successfully navigate COVID-19 and other potential pandemics to protect immunocompromised patients and to provide care via telehealth and virtual clinic appointments. Early responses to our telehealth consult service from patients and providers have shown positive satisfaction, most often highlighting the increased efficiency of patient interactions during the patient's appointment. Overall, we hope that our model encourages other pharmacists to consider innovative telehealth-based practices to further assist in the care of at-risk populations during the COVID-19 pandemic and beyond.

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