Impact of Clinical Pharmacists in Inflammatory Bowel Disease Centers During the COVID-19 Pandemic

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INTRODUCTION: **To characterize the clinical pharmacists' impact on caring for patients with inflammatory bowel disease during COVID-19.**

METHODS: **A clinical pharmacist's encounters between March 17 and April 14, 2020, were audited to determine encounter frequency and indication.**

RESULTS: **The clinical pharmacist addressed COVID-19 and inflammatory bowel disease treatment concerns with 140 patients, conducted 34 medication education and monitoring visits, reviewed 141 patients' charts and helped rescheduled 18 patients who missed their biologic infusion, transitioned 12 patients to home infusions, and assisted 5 patients with medication access.**

DISCUSSION: **Clinical pharmacists embedded in gastroenterology practices permit for continued optimal patient care during a pandemic.**

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INTRODUCTION

Coronavirus disease 2019 (COVID-19) a respiratory illness caused by Severe Acute Respiratory Syndrome Coronarvirus 2, has become a worldwide pandemic, affecting more than 3 million individuals in 215 countries (1). As previously described, gastroenterology practices are adopting new approaches to maintain quality standards of patient care, including the use of telemedicine (2,3). However, the potential for clinical pharmacists to strengthen the care of patients with inflammatory bowel disease (IBD) during this pandemic has not been reported.

Within our institution, one clinical pharmacist (S.B.) has been embedded within the gastroenterology practice for 2 years. With a Doctorate of Pharmacy degree and 4 years of postgraduate training, the clinical pharmacist participates in the care of patients with IBD as a medication expert, primarily providing medication education, overseeing medication access, and assisting with medication monitoring (4). Herein, we report the utilization of a clinical pharmacist in an IBD program during the COVID-19 pandemic.

METHODS

An audit of encounters was undertaken retrospectively for quality purposes from March 17 (first day of implemented gastroenterology practice changes in light of COVID-19) through April 14. A report of the clinical pharmacist's encounters was generated through the electronic health record and reviewed to determine frequency and indication. Descriptive statistics were used for statistical analysis. This study was approved by the Boston Medical Center Institutional Review Board.

RESULTS

The contact count by the clinical pharmacist over this 4-week period is summarized in Figure 1. The clinical pharmacist spoke with 140 patients to address COVID-19 and IBD treatment concerns. The clinical pharmacist also conducted 34 telemedicine visits, of which 22 (65%) were to evaluate efficacy and safety of current IBD treatment, 9 (26%) were for biologic education and discussion of proper medication administration, storage, and disposal, and 3 (9%) were to discuss treatment options in patients warranting treatment escalation. At our infusion center, 141 patients were scheduled to receive an infusion, of which 22 (16%) did not show up. The clinical pharmacist successfully rescheduled 18 patients (82%) and spoke with 2 patients (9%) who wished to reschedule but have not set a date yet and 1 patient (4%) who refused to reschedule. Of the 11 patients who had their infusion rescheduled in the study period, 100% of those patients kept their appointment. Finally, the clinical pharmacist was involved in transitioning 12 patients to home infusion and assisting 5 patients requiring additional resources for medication access.

DISCUSSION

Our findings demonstrate that clinical pharmacists embedded in gastroenterology practices can significantly augment clinical care. These benefits include addressing patients' concerns of immunosuppressive therapies, optimizing medication adherence, and overseeing medication access. Although the exact time spent with each role was not specified, performing chart review manually to determine whether patients show up for their infusion, coordinating

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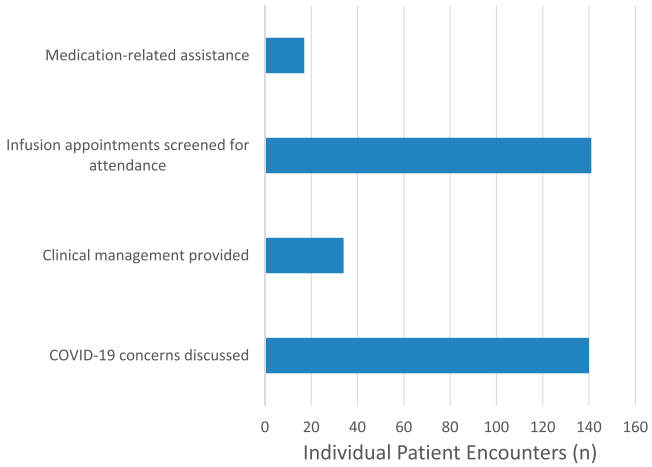

Figure 1. Indication and frequency of patient encounters with the clinical pharmacist during the COVID-19 pandemic.

transfer of medical records, laboratory orders, and treatment plans to home infusion companies, and enrolling patients into pharmaceutical sponsored programs are time-consuming tasks. In a time where COVID-19 has also resulted in staffing changes and even deployment of gastroenterologists to COVID-19 inpatient services, having clinical pharmacists dedicated to these tasks permits for continued delivery of optimal patient care for patients with IBD.

As a member of the gastroenterology team, the pharmacist's role is multifaceted and includes managing self-injectable biologic agents, solving medication-related insurance coverage issues, providing education on the proper use and administration of biologic agents, and assisting with patient scheduling of infusions and education about COVID-19 as it relates to IBD.

CONFLICTS OF INTEREST

Guarantor of the article: Shubha Bhat, PharmD, MS.

Specific author contributions: S.B.—planned and conducted the study, collected and interpreted data, and drafted the manuscript. She has approved the final draft submitted. F.A.F.–planned and conducted the study and drafted the manuscript. He has approved the final draft submitted. A.C.M.—planned and conducted the study and drafted the manuscript. He has approved the final draft submitted.

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