

Background

- As oncology patient care continues to evolve, healthcare providers increasingly rely on a multi-disciplinary approach to patient care.
- Pharmacists are valuable members of the multi-disciplinary team, and are relied upon to provide expertise in an increasingly complex pharmacotherapy landscape. They may contribute to treatment selection decisions, modifications to therapy, continuous monitoring of patient laboratory values, supportive care and adverse effect management, patient education, protocol development, clinical trial participation, and even formulary and purchasing decisions.
- As pharmacists gain increasing responsibility, so too does their influence grow. Li et al. reported that up to 80% of hospitals have a PharmD that specializes in oncology, and that pharmacists are the most frequently cited practitioner involved in treatment decisions after the oncologist.
- Currently, it is not well understood to what extent the role of the pharmacist has evolved with the changing landscape.

Objective

- Primary objective:** To determine the level of influence that pharmacists have in oncology care today
- Secondary objectives:**
 - To understand the dynamics of oncology pharmacy practice today, and where it is headed in the future
 - To examine Collaborative Practice Agreements, and their potential impact on oncology pharmacy practice

Methods

- An electronic questionnaire was distributed to the Hematology/Oncology Pharmacy Association member base
- Respondents participated in an anonymous survey collecting demographic information, practice dynamics, roles and responsibilities, and other data points.

Results

Respondent Demographics (N=534)

Figure 1. Highest level of training

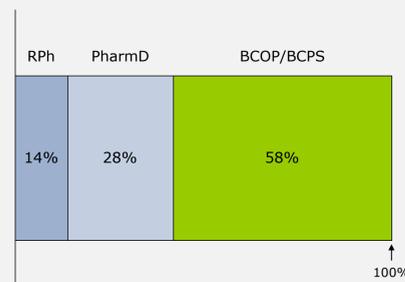


Figure 2. Role in practice

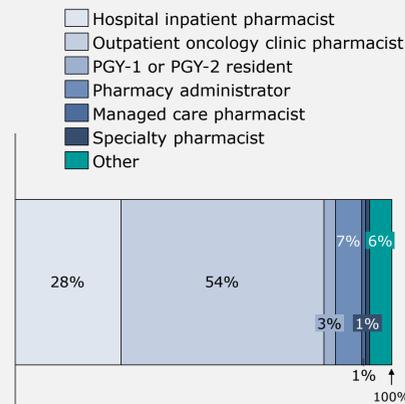


Figure 3. Practice Region



Figure 4. Pharmacists' level of influence over various aspects of patient care by level of training, %

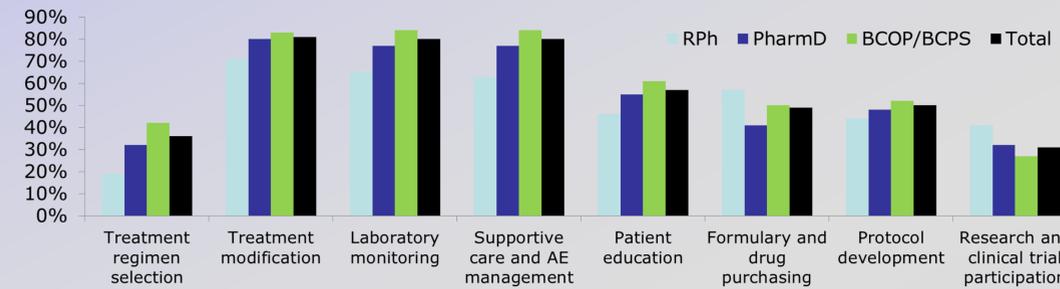


Figure 5. Level of training, by region, %

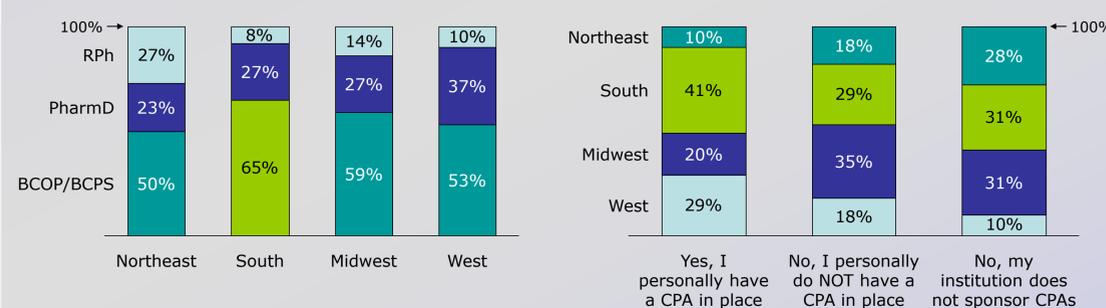


Figure 6. Prevalence of Collaborative Practice Agreements (CPAs) by practice region, %

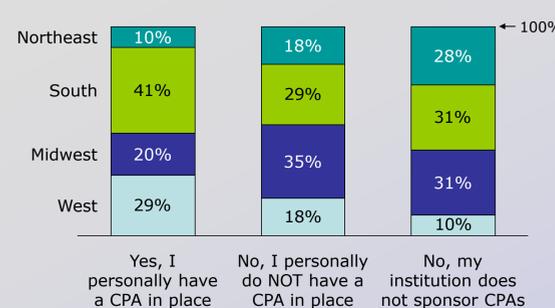


Figure 7. Activities ranked by amount of time spent each week, ranked from most to least

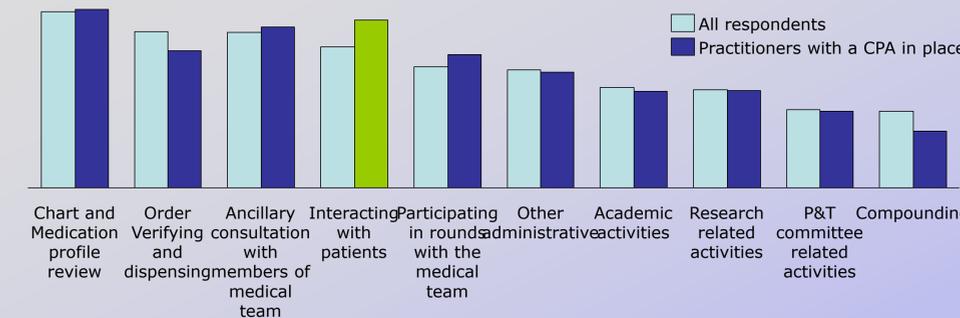
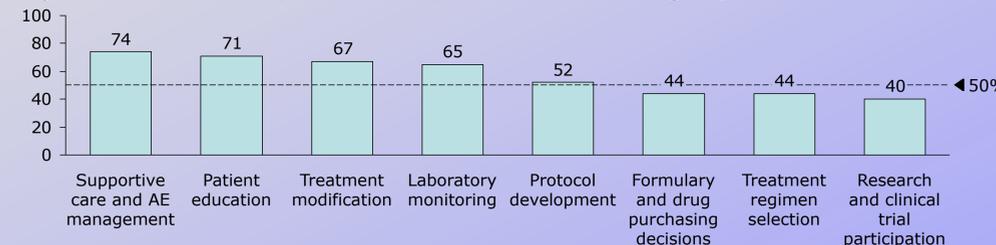


Figure 8. Areas in which pharmacists expect their influence to grow, % of respondents



Discussion

- Pharmacists report the highest levels of influence in treatment modification, laboratory monitoring, and supportive care management
- The lowest scores for influence were regarding treatment regimen selection, with only 36% of all respondents indicating that they were influential here, as well as clinical trial participation, where 31% of respondents reported influence.
- There appears to be a consistent correlation between higher levels of influence and a higher level of training.
- Regional differences were observed with respect to levels of training as well as the prevalence of Collaborative Practice Agreements. Pharmacists practicing in the South appear to be more likely to have higher levels of training, as well as to have a Collaborative Practice Agreement in place. Pharmacists in the West also seems quite advanced with respect to higher levels of training, and implementing CPAs, but pharmacists in the Northeast seem to be limited by a lack of institutional support for CPAs.
- CPAs have an impact on the amount of patient interaction that pharmacists have, with those practicing under a CPA more likely to see patients than those without.
- In the future, most pharmacists expect to have increased ownership and influence over support activities in patient care, while less than half of respondents expect their influence in treatment selections, formulary decisions, and research participation to grow.

Limitations

- The questionnaire asked pharmacists to self-report on things like influence, which is a subjective measure

Conclusions

- Pharmacists are an important part of the multi-disciplinary oncology care team, and are highly influential in many supportive aspects of patient care.
- Because of their high level of influence in critical functions such as patient education and AE management, it is critical for pharmacists to themselves receive education and support.