

CASE STUDY

How a specialty pharmacy used risk stratification to refine the pharmacy pathway for oral oncolytics patients

Patients who take cancer treatment orally (called oral oncolytics) may need wraparound support, including help with prior authorization, financial assistance, refills, and medication side effects. As part of their service delivery strategy, one specialty pharmacy developed a risk stratification protocol to help ensure that patients with different health-related needs receive fit-for-purpose and ongoing follow-up and staff could sustainably manage their time and resources.

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Read time – 15 min.

Audience

- Hospitals and health systems
- Pharmacy and lab
- Physicians and medical groups



Overview

The challenge

Patients taking cancer treatments orally (called oral oncolytics) face a number of challenges, including coordinating their care, avoiding financial toxicity, and managing the adverse effects of therapy.¹ Without support mechanisms in place, patients may modify or discontinue their treatment without consulting with their healthcare provider, which is one of many reasons for avoidable visits to the emergency department (ED). At the same time, creating support programs without considering their effect on staff time and resources can lead to overburdened staff.

The organization

A specialty pharmacy at one of the largest health systems in the United States ships prescriptions to patients at five oncology clinics in several states. Initially launched for employees who used the health system's employer-sponsored health plan (ESHP), the specialty pharmacy later expanded to serve all health system patients one year later.

The approach

The specialty pharmacy developed a risk stratification protocol to help ensure that patients with different needs receive the appropriate level of support without unnecessarily burdening pharmacy staff. The protocol is part of the pharmacy's patient workflow on oral oncolytics, a system that provides wraparound support for patients throughout their oncology care journey, including financial advocacy, prior authorization management, patient education, and ongoing follow-up.

The result

The specialty pharmacy's unique patient workflow and risk stratification protocol allow the pharmacy team to focus a higher level of support on patients at higher risk, while also maintaining appropriate oversight of all patients. Partially as a result of these efforts, the health system reported that in 2024 the pharmacy covered 92.3% of prescription days and had a 99.3% medication adherence rate, in addition to a Net Promoter Score (NPS) of 96.2.



Approach

The health system's specialty pharmacy developed a risk stratification protocol as part of their workflow to ensure that oral oncolytics patients receive the right level of follow-up.

The 3 keys to success

01 Create a risk stratification strategy to scale patient follow-up.

02 Design a patient workflow that focuses on education and wraparound health-related support for patients.

03 Start small and refine operations before expanding.

01 Create a risk stratification strategy to scale patient follow-up

The specialty pharmacy developed a risk stratification strategy that helps pharmacists determine how much follow-up is optimal for each patient's unique needs. Based on a variety of factors, risk stratification ensures that the pharmacy team allocates their time and resources to most effectively support patients.

Regimen-specific factors used in risk stratification

When the pharmacy receives an oral oncolytic prescription, a clinical pharmacist assesses the patient's risk profile using a checklist for consistency. For each criterion, points are assigned to calculate the patient's risk score, grouping patients into categories. For example, if a patient needs to inject their medication at home, they receive one point. Some factors, such as the number and intensity of potential side effects for a medication, could be assigned one to three points. The higher the score, the more follow-up calls the patient receives.² Regimen-specific factors considered include:



Dosing schedule, or the number and frequency of pills per day or week. Patients who need to take their medications multiple times a day are at higher risk of missing doses.



How the medication is administered. For instance, patients who must administer injectable medication at home may be at higher risk of missing doses than patients who take medication orally.



Additional medication requirements. A higher number of medication requirements, such as taking medication only with specific foods, may lead to missed doses.



Number and intensity of side effects. Patients who must take medications with more side effects may find it more difficult to adhere to their medication, especially if those side effects are severe.

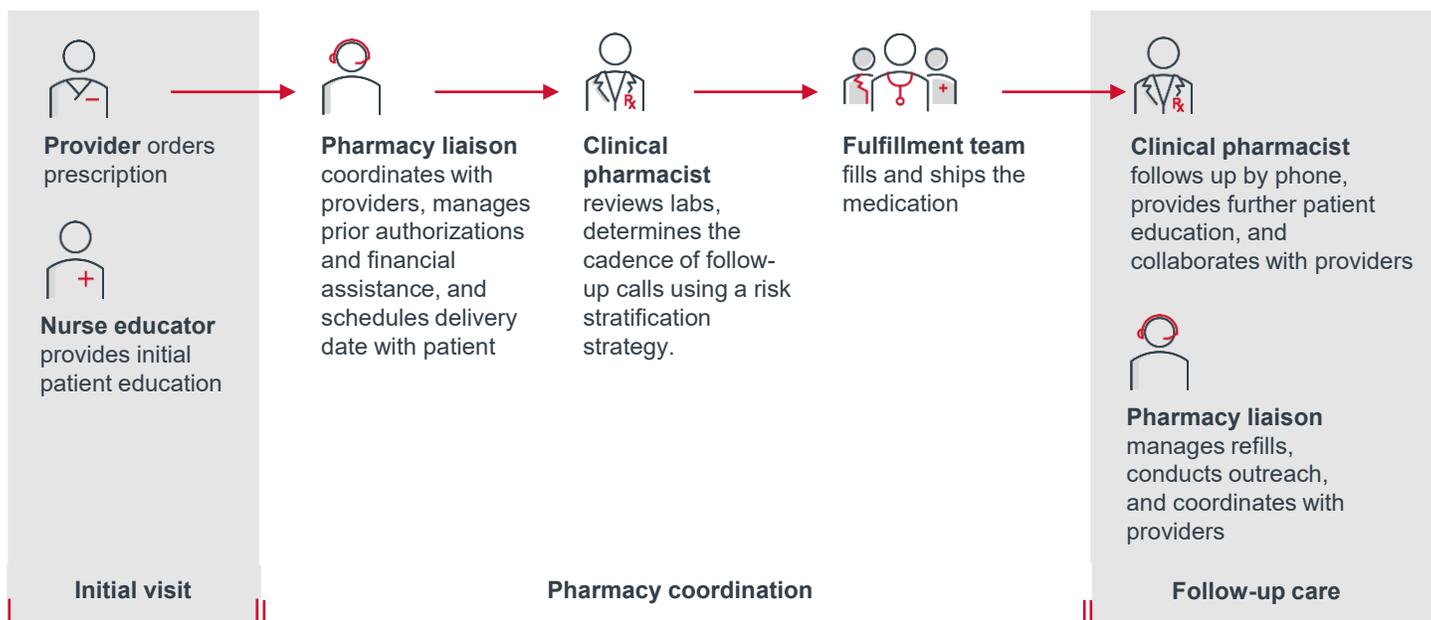
Patient-specific factors considered in determining follow-up cadence

In addition to the risk score, the clinical pharmacist also considers factors from the patient's profile — including age, physical or mental disability, and underlying chronic conditions — to determine the appropriate level of support. Using their clinical judgement, a pharmacist may even override a relatively low-risk score for a patient who has additional risk factors in their profile. For instance, an elderly patient with a lower risk score may still receive a high number of follow-up calls because advanced age is considered higher risk.

02 Design a patient workflow that focuses on education and health-related wraparound support for patients

The specialty pharmacy's mapping protocol for risk stratification supports a multipronged workflow for oral oncolytics patients at all points in the oncology care journey. An interdisciplinary care team and clear communication are central to their approach. Clinical pharmacists and pharmacy liaisons (advanced pharmacy technicians trained in oncology) work with providers and nurse educators to help patients understand their therapy, have the financial support to continue it, and receive refills in a timely manner.

The oral oncolytics workflow for the specialty pharmacy



1. Before therapy begins, a **nurse educator** ensures that the patient understands how and when to take their medications and how to respond to potential side effects.
2. When the provider sends the specialty pharmacy a prescription, a **pharmacy liaison** manages the prior authorization process and helps the patient secure other financial assistance, if necessary. For example, if a copay is more than \$40, the pharmacy liaison may look into the possibility of the patient receiving financial assistance.



3. A **clinical pharmacist** assigns the patient a score using the risk stratification strategy (Section 1). The score is used to determine the number and cadence of follow-up calls.
4. The **fulfillment team** — which includes clinical pharmacists, pharmacy liaisons, and pharmacy technicians — fills and ships the medication overnight in temperature-controlled packaging.
5. Once therapy is underway, the **clinical pharmacist** follows up with the patient at predetermined intervals based on the patient’s risk score. The pharmacist uses those calls to help the patient manage side effects, address other medication-related issues, and provide ongoing patient education.
6. At the same time, the **pharmacy liaison** manages refills and coordinates with the patient’s provider, if needed. If a patient doesn’t respond to outreach or there are issues with the refill, the liaison notifies the clinical pharmacist and prescribing provider for additional outreach.

Finally, because coordinating with providers is crucial to the success of the oral oncology workflow, the pharmacy reached out to educate clinic leadership, physicians, and other providers about the workflow and how it fit into patients’ care journey.



To enhance their process in the future, the pharmacy has invested in software that integrates electronic health records with pharmacy management functions to remove the need for dual documentation and reduce administrative load. They anticipate that the software will allow for real-time communication among pharmacy staff.



My [pharmacy] contacts have been kind, efficient and supportive. I was very grateful for a little handholding.

A patient at the specialty pharmacy

03 Start small and refine operations before expanding

The health system’s specialty pharmacy began by focusing on a small patient population so they could effectively build a foundation for managing patient therapies.

When the specialty pharmacy opened, its services were available only to health system employees who were members of the organization’s employer-sponsored health plan (ESHP). Serving a smaller patient population for the first year both gave the specialty pharmacy a focused subset of patients and time to hone their processes before expanding their services to all appropriate health system patients one year later.



When the specialty pharmacy opened, it covered a wide variety of disease states, which overwhelmed staff more than anticipated. Learning from this experience, they recommend that specialty pharmacies start with a smaller number of disease states. The goal is to refine processes like pharmacy workflow, patient care protocols, and team coordination and meet patient needs as they scale up.

Results

How we know it's working

The specialty pharmacy has used patient education, financial assistance, and careful follow-up to ensure that their patients stay on their medication, when appropriate. Partly due to these efforts, the health system reported that in 2024 the pharmacy achieved a turnaround time of two days or less for prior authorizations, secured \$20 million for financial assistance, and reduced ED visits and unplanned hospitalizations by more than 7% since 2021.

2024 results reported by the health system

92.3% Of prescription days covered

99.3% Medication adherence rate based on missed doses (up from 98.6% in 2023)

96.2 Net Promoter Score (NPS) from patient satisfaction surveys (compared to a national average of 77.1)³

88% Change in the prescription capture rate among patients who are in-network (from 24% in 2022 to 45% in 2024)

Looking to the future

Due to the specialty pharmacy's success in serving its current region, the health system is working to reach more patients by expanding the program to cover additional oncology clinics throughout the health system. In addition, the pharmacy hopes to reach more patients by expanding their insurance options.



Prescriptions are filled promptly. I especially appreciate the staff contacting me when my medications are nearing a refill date, so I don't run out of anything. We're fortunate to have access to this pharmacy.

A patient at the specialty pharmacy



For information about financial advocacy services, patient education, and more, please see the infographic **[Oral oncolytics: Strategies for improving adherence and persistence.](#)**

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Endnotes

1. Unless otherwise noted, all information in this case study came from Advisory Board interviews with officials from the leadership team at the specialty pharmacy.
2. All patients receive their first follow-up call within 7 to 10 days after their initial onboarding call. For patients with a high-risk score, the clinical pharmacist will follow up again in 30 to 90 days. For patients with a medium-risk score, the clinical pharmacist will follow up in 3 to 6 months. And for patients with a low-risk score, the clinical pharmacist will follow up in 10 to 11 months. The clinical judgement of the pharmacist determines where within the time range the follow up call is made.
3. The specialty pharmacy's Net Promoter Score (NPS) was calculated by SullivanLuallin Group, which reported a national average NPS of 77.1 from the specialty pharmacies they surveyed in 2024.

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