

Primary Care Comprehensive Medication Reviews in Cancer Patients with Comorbid Conditions

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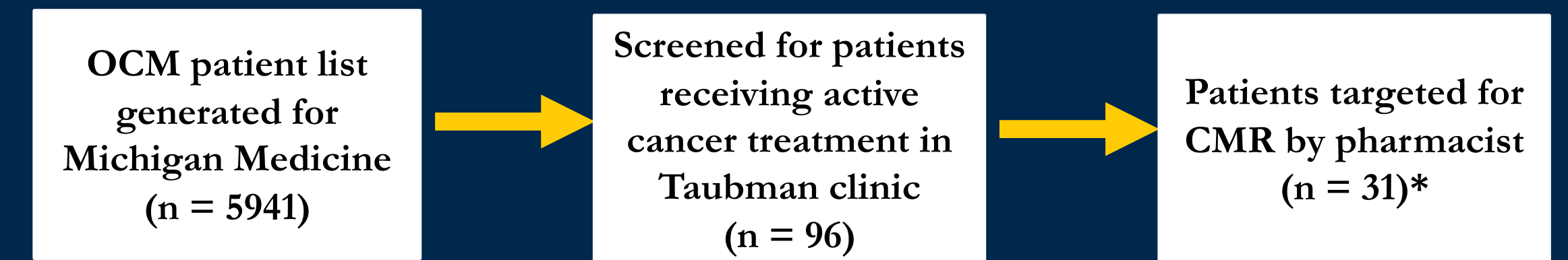
INTRODUCTION

- Management of comorbidities are an important component of cancer care and may impact treatment toxicities and effectiveness, as well as survival.^{1,2,3}
- The literature is replete with evidence that lapses in communication between oncology and primary care provide opportunity for improvements in patient outcomes.^{4,5}

OBJECTIVE

- The objective of this study was to describe the interventions associated with a comprehensive medication review (CMR) in a cancer patient population with select comorbidities.

PRIMARY CARE ONCOLOGY MODEL (PCOM)



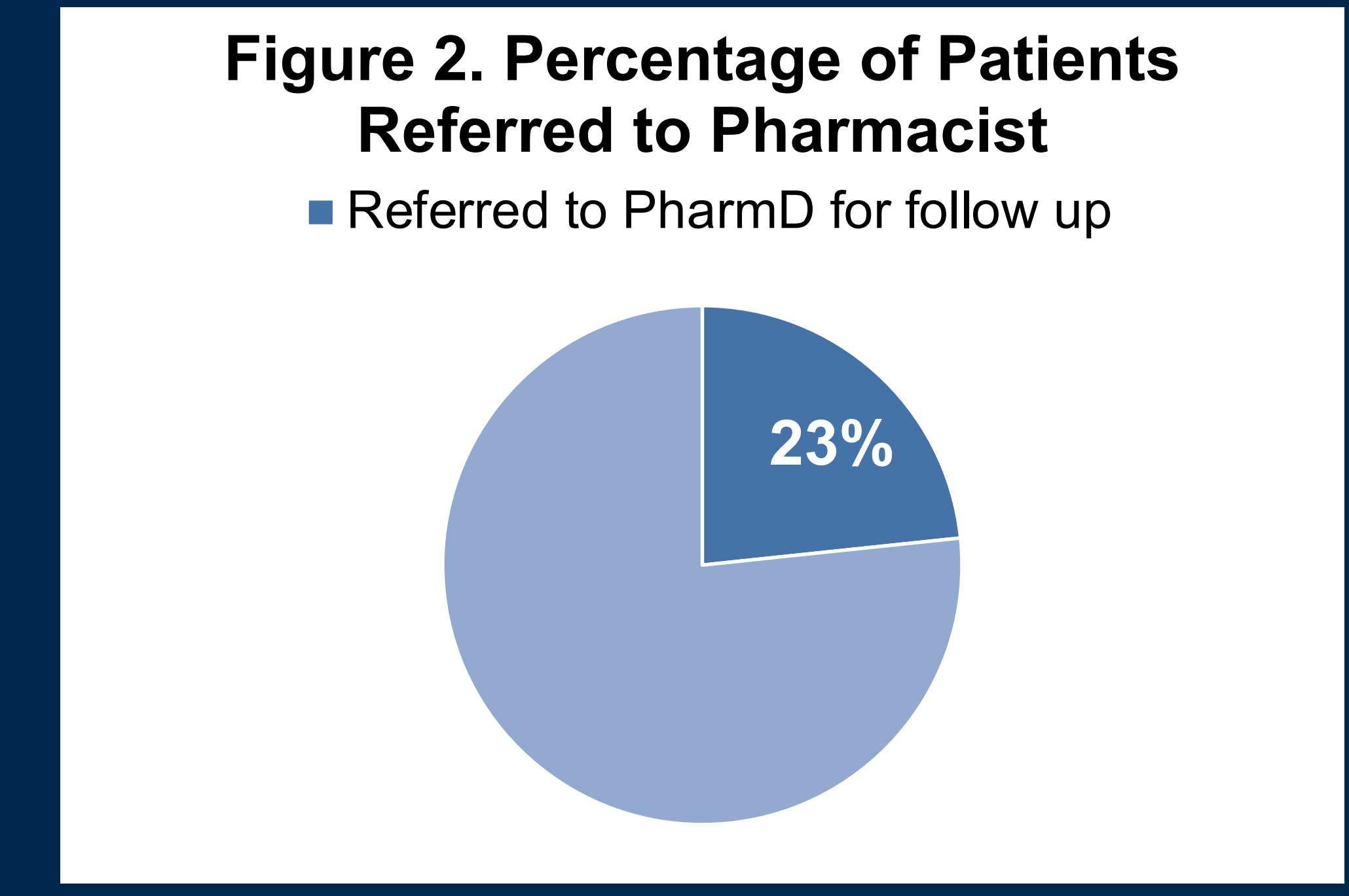
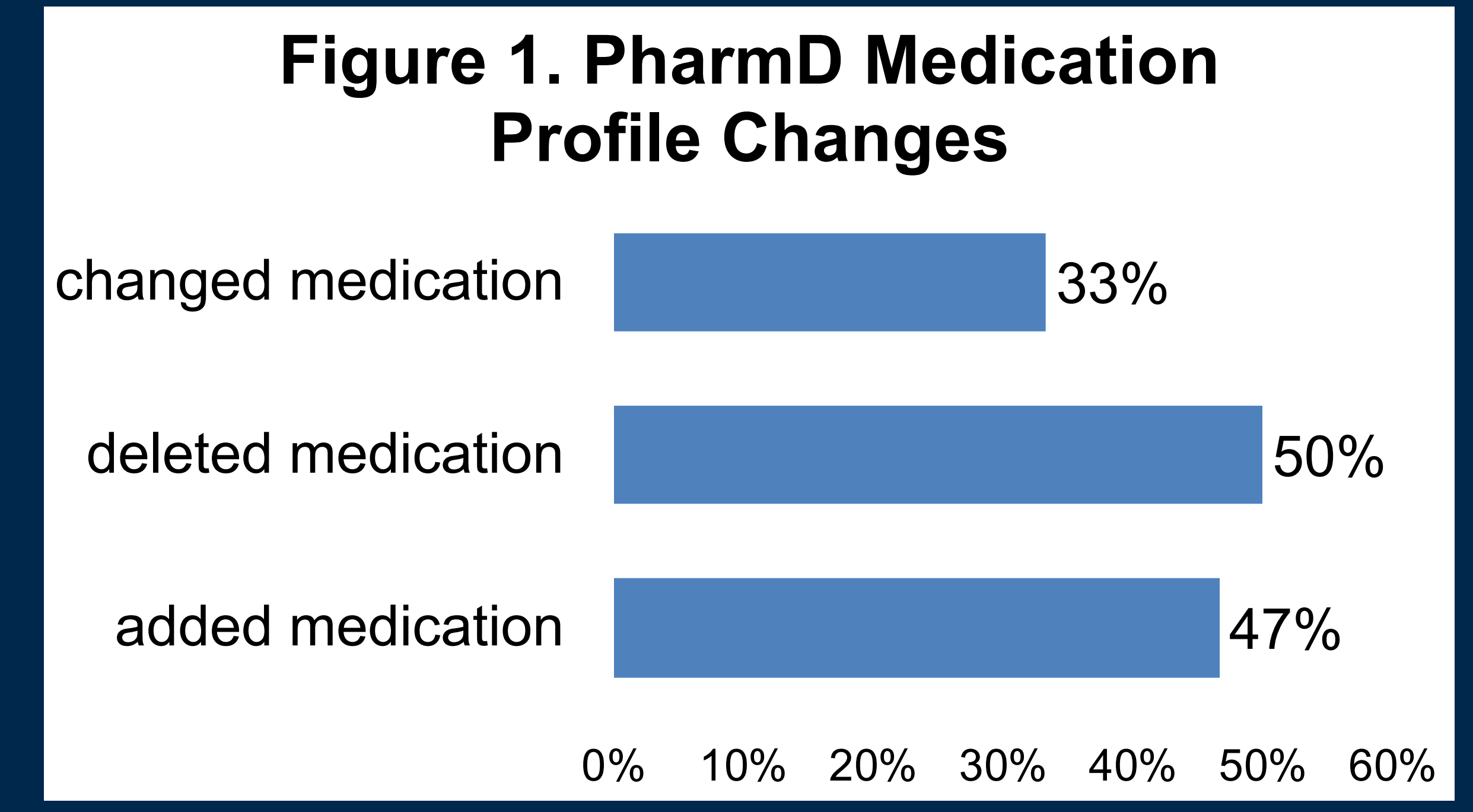
- Inclusion Criteria: (1) Receiving both cancer and primary care at Michigan Medicine, (2) Receiving active cancer treatment, and (3) Having a comorbid condition of diabetes (DM), hypertension (HTN), chronic heart failure (CHF), depression, and/or anxiety.
- Patients meeting criteria were referred to a primary care pharmacist. Recommendations to optimize therapy were reviewed with the primary care physician, implemented in a follow-up visit, and documented within the electronic medical record. When appropriate, patients were referred to follow-up with the clinical pharmacist for disease management using current collaborative practice agreements.
- We conducted a chart abstraction to describe the results of this new pharmacist service providing primary care for comorbid conditions among patients with active cancer treatment.

RESULTS

- Among PCOM patients (n=96), 25% had a metastatic cancer and 18% had a hematologic cancer (Table 1).
- Patients were 61% female and the average age was 65 (range 27-91). Most (71%) were white, 19% were black and 10% were other.
- Hypertension was the most common among PCOM patients (Table 1). Almost one-third of PCOM patients took a blood thinner and over 25% took an antidepressant or anxiolytic.
- To date, pharmacists have seen n=31 PCOM patients. Changes to the medication profile were made in 84% of patients reached. Figure 1 describes the types of changes made. Almost 1 in 4 has been referred for disease management with clinical pharmacists (Figure 2).

Table 1. Chronic Conditions and Medications for PCOM Patients (n=96)

Chronic Condition	Metastatic solid tumor (n=24)	Non-metastatic solid tumor(n=54)	Hematologic n=18
Diabetes only	0	4	0
HTN only	15	15	9
Diabetes + HTN	6	5	2
HTN + CHF	1	1	2
Diabetes + HTN + CHF	1	2	0
Depression/Anxiety	13	20	8
Neuropathic Pain	14	22	13
Smoker (current or former)	13	27	9
Medications			
Insulin	4	2	1
Blood Thinner	11	18	10
Depression/anxiety	10	10	5
Current Opioid Use	7	6	5



CONCLUSION

Pharmacists have the opportunity to improve the coordination of care and enhance the clinical outcomes in patients with cancer and comorbid conditions. Our pilot of conducting CMRs in this population identified 23% of patients requiring additional management.

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Support for MOQC is provided by Blue Cross and Blue Shield of Michigan as part of the BCBSM Value Partnerships program