# Preventing Disease Progression: Using a Digital Tool to Identify and Intervene on Patients with Worsening Patient Reported Outcomes in Inflammatory Bowel Disease



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# **PURPOSE**

- The Short Inflammatory Bowel Disease Questionnaire (SIBDQ) is a patient-reported outcome (PRO) measure used in inflammatory bowel diseases (IBD) [Crohn's disease (CD) and ulcerative colitis (UC)] to evaluate how patients feel about their disease symptoms and control.
- Lower SIBDQ scores indicate the disease is more severely impacting the patient's quality of life.
- The purpose of this study is to evaluate the impact of alerting pharmacists to a clinically significant drop in SIBDQ scores.

# **METHODS**

Single-center, prospective randomized comparative analysis of patients prescribed a specialty medication from the Vanderbilt Health IBD Clinic

- Enrollment period: June 26, 2024 December 26, 2024
- Follow-up period: December 27, 2024 June 26, 2025

### Inclusion

- On specialty therapy for CD or UC
- Initial benefits investigation completed by Vanderbilt Specialty Pharmacy (VSP)
- Documented SIBDQ score within 9 months of study initiation

Pharmacist

### Exclusion

Design

**Population** 

- < 2 SIBDQ assessments in 9 months</li>
- Transferred care

### Analysis

- Wilcoxon signed rank test (p-value: < 0.001) to assess SIBDQ score change</li>
- Univariate logistic regression to assess factors associated with number of pharmacist actions

### **Definitions**

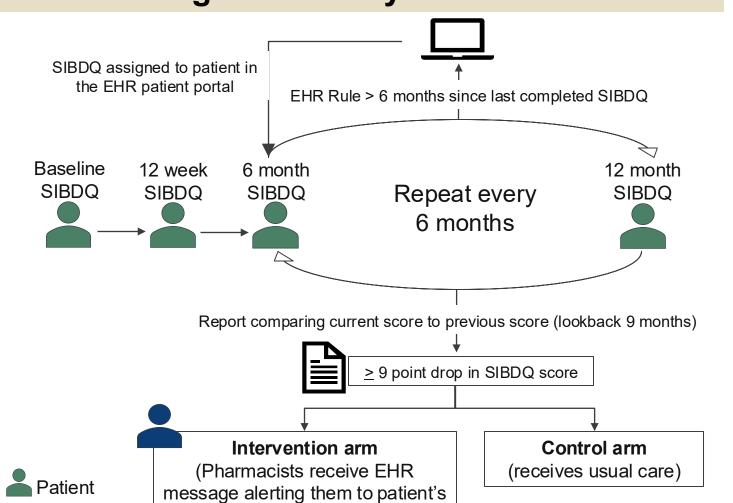
- Escalated dose = medication dose or frequency higher than standard FDAapproved dose
- Recent or in process medication change = medication or dose change within 6 months prior to or in process at the time of SIBDQ score drop

### **Primary Outcome**

Number of pharmacist actions completed after SIBDQ score drop alert

This analysis will focus on the intervention arm only.

# Figure 1. Study Process



SIBDQ score decline)

# HIGHLIGHTS

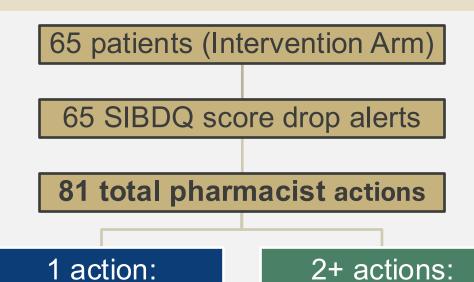
- Alerting IBD pharmacists to a drop in SIBDQ score led to 81 pharmacist actions
- Patients on a standard dose of specialty medication or who did not have a recent or in process specialty medication change were more likely to receive more than 1 pharmacist action

# RESULTS

Table 1. Baseline Characteristics (Intervention Arm)

n (%)
43 (33 – 57)
48 (74)
56 (86)
45 (69)
17 (26)
37 (57)
50 (77)
15 (23)
12 (5 – 22)
58 (51 – 63)
42 (37 – 50)
21 (32)
19 (29)
17 (26)
5 (8)
3 (6)
35 (54)
30 (46)
42 (65)

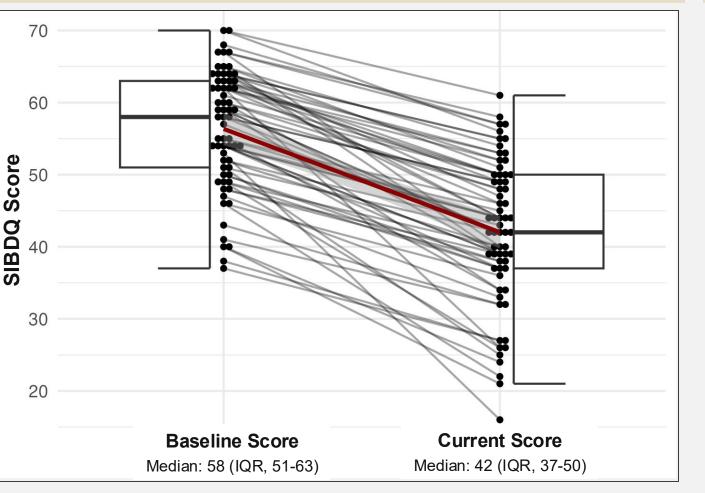
Figure 2. Intervention Arm Alerts and Pharmacist Actions



52 patients (80%

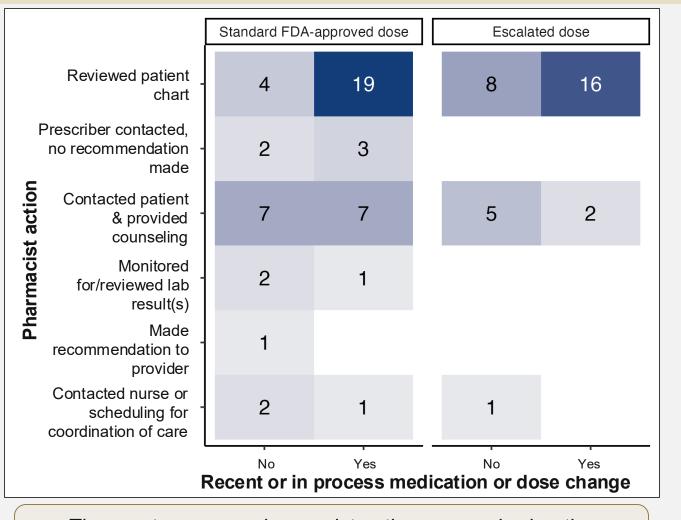
13 patients (20%)

# Figure 3. SIBDQ Score Change



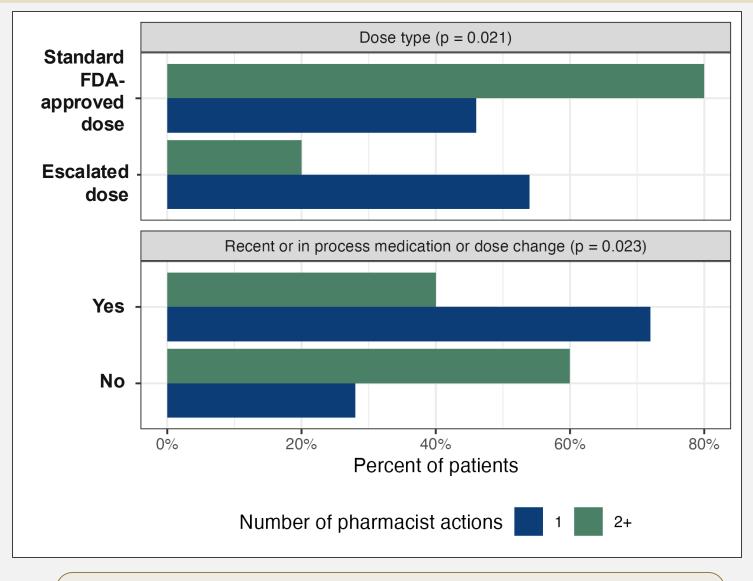
Median SIBDQ score at baseline was 58, which decreased to a score of 42. The SIBDQ score drop to the current score triggered the alert message to the pharmacists.

### **Figure 5. Type of Pharmacist Actions**



The most common pharmacist action was reviewing the patient's chart, followed by patient counseling

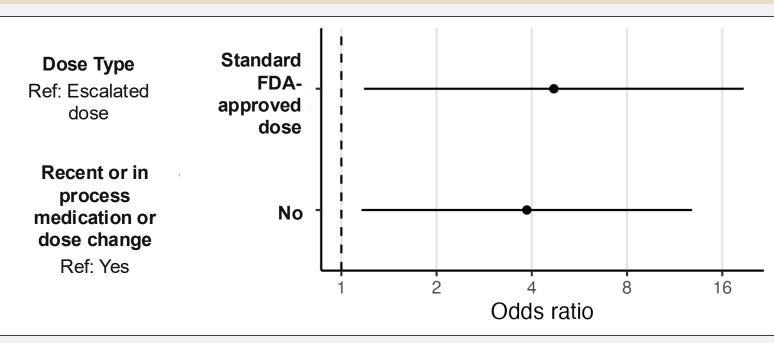
### Figure 4. Number of Pharmacist Actions



Patients that received 2 or more pharmacist actions:
 80% on standard FDA-approved medication dosing

60% did not have a recent or in process medication change

### Figure 6. Univariate Regression of Actions



- Patients on the **standard dose were 4.7x** more likely to have 2+ actions
- Patients with no recent or in process medication or dose change were
   3.9x more likely to have 2+ actions

Abbreviations: EHR = electronic health record; SC = subcutaneous