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Roles of Clinical Pharmacists in Caring for Patients With Inflammatory Bowel Disease During COVID-19



Dear Editors:

We read with interest the article by D'Amico and colleagues,¹ which discussed the impact of the Coronavirus Disease 2019 (COVID-19) pandemic on caring for patients with inflammatory bowel disease (IBD). This article highlights the need to continue IBD treatment in patients not suspected to have a COVID-19 infection and the challenges in maintaining continuity of care during restrictions on travel and clinic access. In response, we would like to illustrate how clinical pharmacists could be used in IBD centers to overcome the practice barriers imposed by COVID-19.

Clinical pharmacists obtain a Doctor of Pharmacy degree and complete postgraduate training, including residencies and fellowships, to participate in patient care as medication experts. When embedded into an IBD center, clinical pharmacists (1) counsel patients on medications options and provide medication education, (2) assist with medication access, and (3) ensure that patients' current treatment is effective and safe through laboratory monitoring and adverse effect assessment. In our practice, we have previously reported on the impact of a clinical pharmacist on medication approval and biosimilar adoption in patients with IBD.^{2,3}

During the COVID-19 pandemic, we identified additional roles for clinical pharmacists in IBD centers. Many patients are now contacting their gastroenterology practice, inquiring about their IBD treatment and COVID-19 risk. Clinical pharmacists can help manage the additional call volume, conduct COVID-19 screens, and emphasize the importance of continuing treatment in patients not suspected to be ill. The clinical pharmacists also can educate patients receiving infusions about precautions implemented in infusion centers. In addition, to ensure medication adherence, clinical pharmacists may oversee refill requests and track infusion appointments, and if nonadherence is detected, can provide targeted interventions to reduce the risk of flares and hospitalizations.

For patients initiated on self-injectable biologics, clinical pharmacists can use a video platform to review medication administration technique, storage, and disposal, and provide personalized administration feedback for patients in the comfort of their homes. For patients already on treatment, clinical pharmacists are providing clinical follow-up to ensure treatment efficacy and safety. Although most laboratory monitoring is currently being deferred, for patients requiring it, the clinical pharmacist coordinates with external laboratory locations to help reduce patient exposure and travel to the hospital or outpatient practice.

Lastly, medication coordination and access is even more critical, as time is of the essence in keeping patients out of the hospital, off steroids, and feeling well. Clinical pharmacists continue to oversee the prior authorization and appeal process and are working with pharmaceutical-sponsored programs to initiate patients quickly on treatment. Furthermore, in a time in which unemployment continues to grow, clinical pharmacists can connect patients with patient assistance programs to ensure continuation of IBD treatments.

Although the COVID-19 pandemic has drastically affected gastroenterology practices, the delivery of care to patients with IBD does not have to be compromised, especially with the inclusion of clinical pharmacists in gastroenterology practices. As outlined previously, clinical pharmacists have many roles in helping to maintain the quality standards of care for patients with IBD during the COVID-19 pandemic.

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Conflicts of interest

The authors disclose no conflicts.

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