WellBeing Watch[SM]: A Dedicated Focus on Whole-person Health for Patients Diagnosed with Pulmonary Arterial Hypertension

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ABSTRACT

Background: Pulmonary arterial hypertension (PAH) is a chronic and rapidly progressive disorder characterized by irreversible pulmonary vasculature damage that renders patients short of breath with very limited activity or even at rest. Left untreated, average life expectancy is approximately 2.8 years. Due to the nature of this diagnosis, comorbid psychological conditions are common. A recent study published by Bussotti and colleagues revealed that ups to 53% of patients with PAH exhibit signs or symptoms of depression. McCollister and colleagues found that a similar number, 51%, exhibit signs and symptoms of anxiety[1,2]. To address this unmet need, Accredo established the WellBeing Watch[SM] program in which specialty trained social workers identify potential barriers and establish a plan to address them as most common of these are: community or financial resource needs, domestic abuse, insurance gaps, mood changes (anxiety/depression), social security and disability insurance (SSDI) opportunities, and other patient or caregiver concerns.

Methods: A retrospective review of patients who engaged with the WellBeing Watch[SM] team between 7/30/2020 and 2/7/2021 was performed. Patients were included in the final analysis if they interacted with a social worker and received psychosocial guidance and/or support during the review period. Patients were excluded if they were age 17 or younger. Information was collected by extracting data from the electronic record. Each patient was manually reviewed to confirm accuracy of extracted information and also capture additional data and was compiled in Excel for analysis.

Results: One hundred and seventeen patients received initial clinical social worker intervention during the review period, with 186 additional intervention follow-up interactions conducted. Many patients presented to the social worker team with needs relating to deficiencies in ancillary support in one or more areas. Top areas included emotional support needed (27%), community resources (26%), mood concerns (20%), financial resources (11%), and insurance/SSDI questions (6%). Additional interventions were conducted (<5%) for family stressors, disease based resources, suicidal/homicidal ideation, domestic violence, and abuse/neglect. Top outcomes that resulted due to social worker intervention included providing community resources (21%), emotional support (20%), financial resources (14%), and discussion of coping skills (13%).

Conclusions: Social worker engagement is valuable for patients with PAH. Providing whole-person health services results in assistance beyond the complexity of PAH medication profiles and disease symptoms. Psychosocial interventions lead to better patient outcomes for patients. Further review of the impact of the WellBeing Watch[SM] program on patient adherence and hospital savings will follow as more data becomes available.

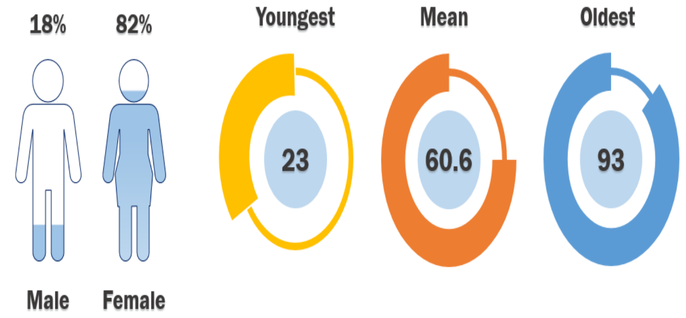
METHODS

A comprehensive social worker intervention occurred for any patient who displayed psychosocial-related concerns through either a proactive screening conducted by a social worker or through internal conversations between any member of the specialty pharmacy team and patients or caregivers. Guided clinical templates ensured a uniformed approach to the services provided by the social worker team while also allowing flexibility based on individual patient barriers discussed.

Analysis performed from 7/30/2020 to 2/7/2021 focused on all interventions the social worker team addressed. The intervention information was collected through manual chart review of every patient who was provided psychosocial support. Documentation data was complied in Excel with the goal of analyzing specific patient barriers, the interaction between patient and social worker to intervene on identified psychosocial concerns, and the outcome of each patient case.

Demographic data for the patient population as a whole are summarized in Figure 1.

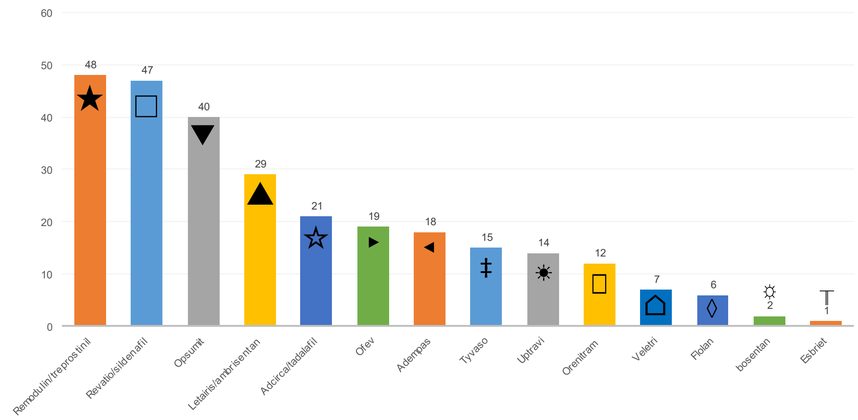
Figure 1: Patient Population by Gender / Age



RESULTS

All patients assisted by the WellBeing Watch[SM] program were on at least one pulmonary arterial hypertension (PAH) or idiopathic pulmonary fibrosis (IPF) medication. A comprehensive breakdown of interventions by medication is provided in Figure 2. 34% of the medications taken were prostacyclin analogues, 27% were endothelin receptor antagonists, and 25% were phosphodiesterase type 5 inhibitors. The remaining 14% included patients on riociguat, pirfenidone or nintedanib. 73% of the medications were oral medications, 22% were continuously infused medications, and 5% were inhaled therapies.

Figure 2: Interventions by Medication



Social worker interventions are displayed in Figure 3. Interventions represented in the all others category include family stressors (5%), domestic violence (<2%), need for disease based resources (<2%), suicidal ideation (<2%), and abuse/neglect (<1%). There were 246 individual interventions addressed during the review period.

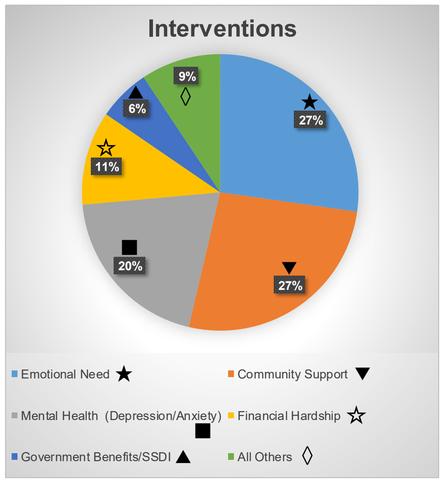


Figure 3: Interventions by Type of Support

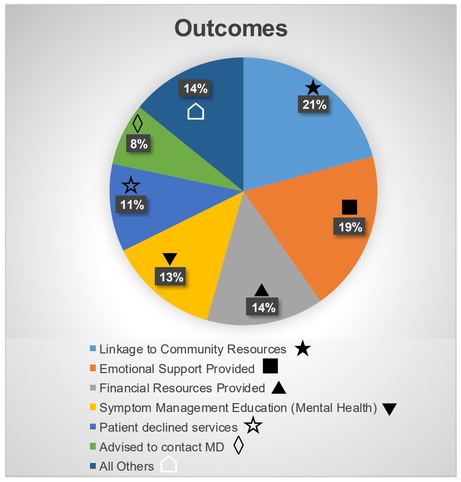


Figure 4: Outcomes to Support Provided

Figure 4 highlights the most common outcomes resulting from social worker interventions. Other outcomes not displayed include: support group information provided (5%), directive to contact a psychiatrist or therapist (3%), disease state resources provided (<2%), prescriber notified (<2%), and an abuse/neglect report completed (<1%). Outcomes parallel the intervention(s) posed by the one hundred and seventeen individual patients either during proactive screening or throughout the course of communication with a social worker or other team member.

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CONCLUSIONS

Effective support and patient outcomes through the WellBeing Watch[SM] program make it apparent that social worker involvement provides needed whole-person treatment to the PAH population. Patients that require psychosocial support were found to be on various different combinations of PAH specific therapies, highlighting that support is necessary for PAH patients regardless of medication or route of administration.