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Editorial

[Translated article] Precision pharmaceutical care in oncohematology

Atención farmacéutica de precision en oncohematologia

Over the next few years, we will face numerous challenges of considerable magnitude and importance in the field of oncohaematology healthcare.[1,2]

These challenges pertain to key areas including measuring health outcomes, improving patient experience, implementing multidisciplinary and multidimensional care, ensuring sustainability and solvency of the pharmacotherapeutic approach, and advancing research and innovation in processes. They also encompass equity and access to health resources, addressing the chronicity and fragility of certain health conditions, and reducing health inequalities. Addressing these areas necessitates the reformulation and readaptation of healthcare practices by the professionals involved, including specialist pharmacists.[3,4]

In this issue, Bernardez et al.[5] present a tool for stratifying patients with oncohaematological disease. The aim of this instrument is to identify patients who require a higher level of pharmaceutical care (PC) and to standardise professional actions based on the interventions established for each level of complexity. In line with Kaiser Permanente's proposals in the 1990s, the tool includes 38 variables that are scored according to their relevance and impact on achieving health outcomes, grouped into five different dimensions: demographic; clinical and health services utilisation; social and health variables and cognitive and functional status; and, of course, pharmacotherapeutic. Using these dimensions, they categorise patients into 3 priority levels according to the complexity of their care and provide the key guidelines for follow-up, patient education, or care coordination interventions as needed.

This initiative represents a significant step forward in the commitment of the Spanish Group for the Development of Oncology Pharmacy (Spanish acronym: GEDEFO)—one of the leading international working groups in the field of oncohaematological patients—to improve the quality of care, as outlined in its Strategic Plan for 2021–2025.[6]

In the era of genetic testing, cutting-edge therapies, and generative AI technology applied to patient follow-up,[7] collectively known as "precision medicine", the stratification tool proposed by these authors aligns with what could be termed "precision PC". Their tool is valuable because, on the one hand, it will help optimise the human, material, technological, and time resources available to the health system to adequately respond to cancer patients. On the other hand, it will reinforce the motivation to propose, establish, and clearly guide the health objectives set for each patient at each stage of their pharmacotherapeutic experience within healthcare teams that include oncohaematology pharmacists (OHPs). Finally, it also represents a brave gamble: to seize the opportunity to establish a continuum of care with patients and/or carers throughout the care process.

One of the greatest initial challenges will be the gradual introduction and widespread adoption of the tool in routine clinical practice[8–10]. This will require overcoming a number of barriers. Drawing on the 10 years' experience of work on the Strategic Map for Outpatient Care (Spanish acronym: MAPEX) of the Spanish Society of Hospital Pharmacy (SEFH)—which laid the groundwork for the methodology that includes stratification as an essential element[11]—we can distil the key components of successful care transformation into the acronym PAWAR: perception, aspiration, wisdom, attitude, and results.

Oncohaematology pharmacists have set out on a developmental journey to become models of excellence, and will face the crossroads of overcoming the obstacles of an increasingly dense and complex reality of care, combined with the laudable and necessary aspiration to cultivate a more efficient and multidimensional PC system. The lessons from MAPEX show that each obstacle overcome and success achieved[12–14] has solidly paved the way for our future care processes. Without abandoning this perspective, the breakdown of the key pragmatic elements initially includes taking into account the opinion of the professionals involved. It is therefore essential that all stakeholders recognise and understand not only the urgency of adopting this new practice, but also its feasibility, both locally and globally. Many may be reluctant to adopt this new patient-centred approach compared to traditional more drug-centred approaches. Amidst the complexity of the care setting, it is crucial to be clear and enthusiastic about the tangible short- and medium-term goals to be achieved by applying this stratification model and, of course, to communicate them as soon as they are achieved.

The next step is to strive for a profession that provides answers to the healthcare challenges of the moment, which would be the driving force for transformation. Rather than revolutionary change, the focus should be on continuous improvement within daily routines and finding inspiration in everyday challenges. In other words, to establish a continuous commitment to small improvements, recognise that excellence is achieved step-by-step, and therefore introduce it into standard operating procedures, gradually, so as not to lose heart in the face of the magnitude of the challenge.

The wisdom and knowledge amassed by OHPs over recent decades puts them in a perfect position to address continuous process renewal, to identify inefficiencies—both local and global—and to learn from both daily and strategic experience in order to increase quality and implement adaptation and continuous improvement. Stratification enables the utilisation of generated information to refine processes with a novel approach, incorporating not only the clinical perspective but also patient perceptions in response to the emerging trend of shared decision-making within collaborative PC settings.

The non-traditional mindset and the skills inherent to the profession can be combined and directed toward handling the 3 main stages that are inevitable when implementing this new methodology: the initial hyper-motivation stage; the chaotic stage, where 2 different ways of working temporarily coexist; and, obviously, the return on investment

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stage, where the results of the effort invested in the new practice become visible. These specialists must develop specific skills to quickly adopt the new methodologies and technologies necessary for implementing this novel concept of PC. This will aid in responding to the 3 major needs expressed by patients, especially those with such a complex and vulnerable profile: personalised care; multidisciplinary integration and collaboration toward health objectives; and ongoing professional support.

Finally, there is the fundamental issue of results. Only by evaluating best practices and continually readjusting care strategies can we approach the concept of successful care demanded of us. The successful implementation of this proposal translates into improvements in individual health outcomes. Therefore, we should adjust our care strategies based on robust data and actual experience, while recognising that continuous improvement is a dynamic process that requires constant adaptation.

Ultimately, the vision of the specialists leading this proposal for change will undoubtedly be even more crucial than institutional drive in implementing this methodology. Although the natural tendency may be to focus on technical, procedural, or IT aspects, the real basis for adding value lies in people and their commitment. Successful organisational transformation is the sum of individual professional transformation. Needless to say, the cornerstone and benchmark will be the patients themselves, and not merely their treatment.

The expansion strategy will require a solid research foundation, evaluating the proposed methodology that integrates stratification across different care settings and patient profiles. It is also imperative to provide tools and resources, along with essential training for its effective application, in order to dispel outdated views and cultivate the holistic approach that is so sorely needed.

It should also be emphasised that stratification is not an end in itself, but rather a means to prioritise care efforts and plan activities. It serves as a starting point toward a perspective focussed on achieving health objectives through actions established for each level of complexity. It should be regarded as a valuable, flexible, and updatable tool that, can always include the most representative variables and most effective interventions, according to literature. This will ensure its relevance and enable its dynamic and agile utilisation,[15] as demonstrated in patients with other disorders. As indicated by authors, studies conducted in the near future should validate the model in a population larger than that used to develop it and assess its value. In the medium term, it should be tested in studies comparing its use with standard follow-up methods for its definitive implementation in different settings.

In conclusion, if being precise entails guaranteeing health care based on detailed and specific information in order to achieve optimal healthcare outcomes, then care stratification, in the hands of OHPs, opens the door to delivering PC in line with contemporary needs, fostering coherence, comprehensiveness, and safety. This approach will help to improve the patient experience within a precision healthcare environment.

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Declaration of competing interest

None declared.

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