



The Non-Negotiable Pharmacist: **Justifying Your Role in the New Era of Cancer Care**

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Disclosures

None

Objectives

- 01** Analyze the historical context and current pressure shaping the scope of oncology pharmacy practice
- 02** Justify the oncology pharmacist's role using evidence-based metrics
- 03** Identify opportunities to demonstrate pharmacist impact beyond traditional metrics
- 04** Design a sustainable team to mitigate workload risk and protect against burnout

About Me



Onalaska,
Wisconsin



2002:
Mayo Clinic



2009: MWU
Glendale, AZ
(PharmD)

2005:
University of MN
Twin Cities (BA)



2010: PGY1
Mayo Clinic



2011-2014:
Inpatient
Hem/Onc



2011: PGY2
Mayo Clinic



2014-2018:
Outpatient Order Set
Development

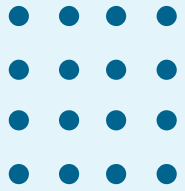


2018-2026:
Hematology
Clinical Pharmacy
Specialist



2023: University
of North Carolina
(MSML)





01

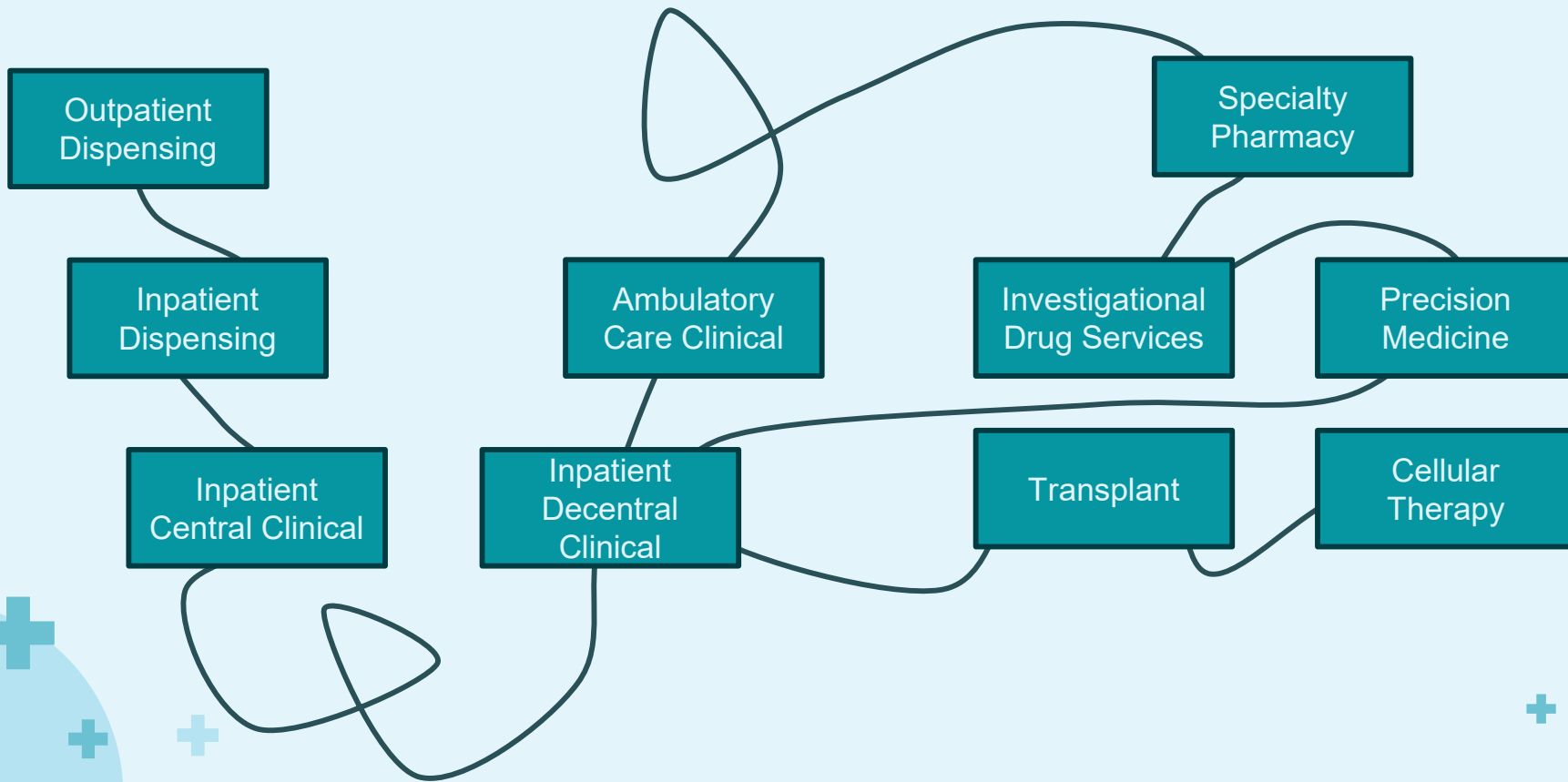
Current Pressures



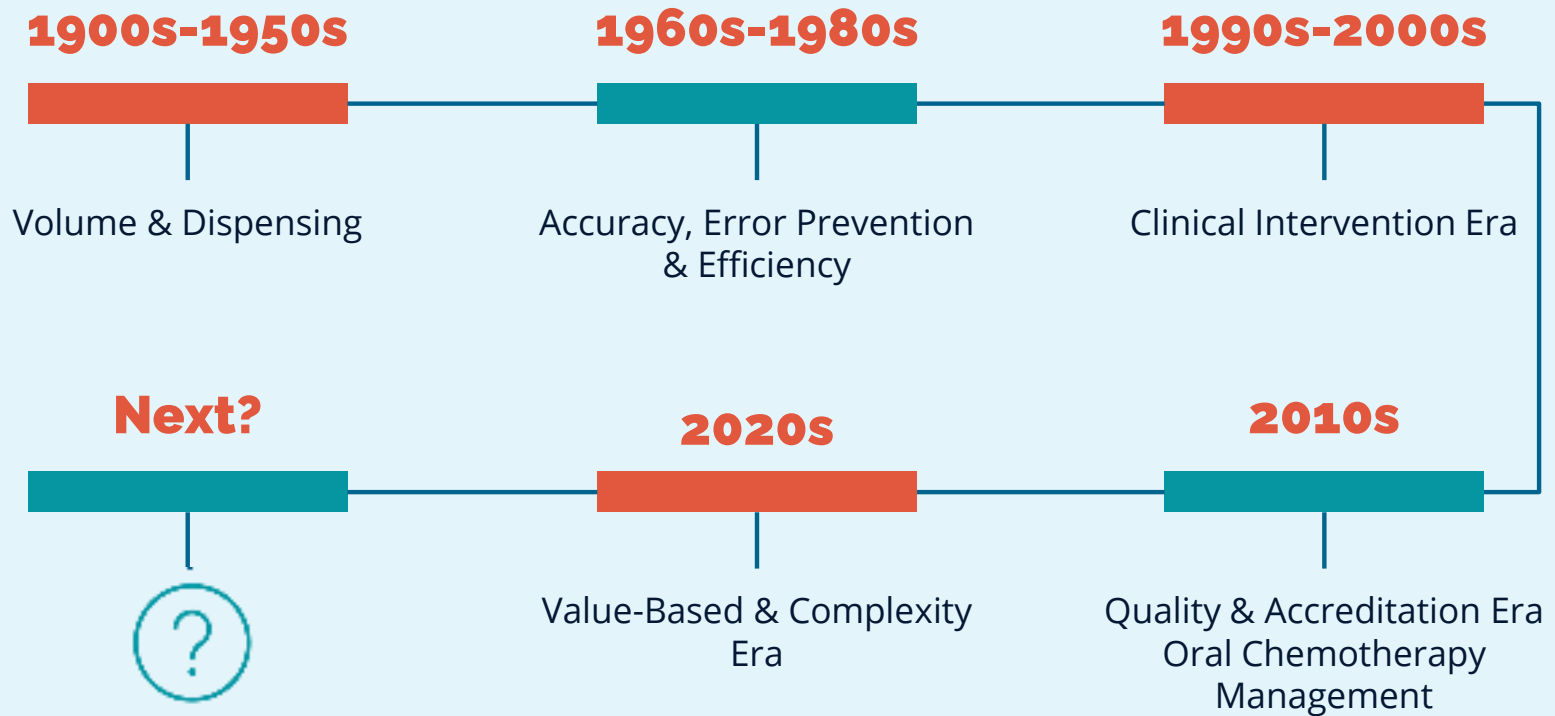
Current Pressures



A Profession Built on Complexity



Evolution of Metrics



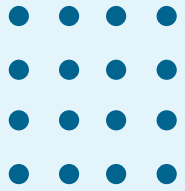
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HOPA Timeline. 2023. A history of Hematology/Oncology Pharmacy. [HOPA Resource Library](#).





02

Evidence-Based Metrics



Performance Metrics

- Systematic modified Delphi process to create *ambulatory* oncology clinical pharmacy key performance indicators (AOcpKPIs)
 - Canadian Association of Pharmacy in Oncology (CAPHO) with 18 panelists
 - 94% adult practice
 - 61% with 20+ years experience
 - 55% clinical practice, 38% drug distribution
 - 9-point Likert scale (7+ considered approved) utilized with consensus ranging from 75% to 100%
 - 3 rounds to achieve consensus
- 13 discrete activities + 1 bundled activity for items done in tandem

Performance Metrics

Proportion of patients who...

Ambulatory Oncology Clinical Pharmacy Key Performance Indicator (AOcpKPI)	Consensus n (%)
Receive oncology pharmacist clinical order review for cancer-associated medications	15 (94%)
Receive education about their cancer-associated medications	16 (100%)
Have a pharmacist developed and initiated a care plan related to cancer-associated medications	15 (94%)
Have pharmacist recommend or initiate therapy modification of their cancer-associated medication	16 (100%)
Have a pharmacist drug interaction assessment and management	14 (88%)
Have drug-therapy problems (DTPs) identified and resolved by a pharmacist	13 (81%)
Number & type of DTPs identified and resolved	12 (75%)
Receive monitoring for and management of ADRs or toxicities	15 (94%)
Receive a full comprehensive medication review, reconciliation, and DTP management service	12 (75%)
Receive education about or monitoring for adherence	16 (100%)
Receive follow up care after an initial oncology encounter	14 (88%)
Receive a pharmacist initiated pharmaceutical care plan	12 (75%)
Receive BUNDLED care (multiple AOcpKPIs)	15 (94%)

Effort Metrics

- **WHO:** Hematology/Oncology Pharmacy Association (HOPA) and Hematology/Oncology Practice and Research Network (PRN) of the American College of Clinical Pharmacy (ACCP)
 - 33 pharmacists participated in round 1 and 29 participated in round 2.
 - 57% academic medical center, 33% community based
 - 36% practicing 6-10 years, 21% practicing 11-20 years or 20+ years.
- **AIM:** Establishing consensus on time required to complete oncology pharmacy tasks
- **PROCESS:**
 - Evaluate **15 patient care tasks** and **9 non-patient care tasks**
 - The amount of time assigned was intended to capture 80% of the time it is performed
 - Delphi survey with 6-point Likert scale, agreement was 5+ and 75%.

Patient Care Effort Metrics

Oncology Pharmacy Task	Average Time to Complete
Assess patient for treatment by gathering comprehensive patient information, conducting medication review, ensuring evidenced-based patient specific treatment recommendations	15 min ± 5 min/pt
Optimize therapy through review, adjustment, monitoring, managing toxicity, ensuring accuracy of orders	15 min ± 5 min/regimen
Assess drug complementary or alternative care , drug-drug/disease/food interactions (≤ 5 drugs)	5 min ± 1 min/pt
Assess drug complementary or alternative care , drug-drug/disease/food interactions (> 5 drugs)	10 min ± 2 min/pt
Review metabolism specific pharmacogenetic data for dose modification	25 min ± 5 min/pt
Conduct supportive care management (pharmacologic and non-pharmacologic) including referrals	10 min ± 2 min/ intervention
Perform transition planning including medication reconciliation	20 min ± 5 min/ intervention
Facilitate medication access (prior authorization, financial counselors, retail pharmacy coordination)	45 min ± 15 min/ intervention
Trainee education and supervision	3 hours ± 1 hr/learner per day
Participate in interprofessional patient care rounds	15 min ± 3 min/pt
Coordinate chemotherapy administration with nursing staff	10 min ± 2 min/ administration
Comprehensive cancer care management	10 min ± 2 min/ intervention
Therapeutic drug monitoring and adjusting therapy	10 min ± 2 min/ intervention
Antimicrobial stewardship including documentation	10 min ± 2 min/ intervention
Prepare education for interprofessional healthcare team members and trainees	2 h ± 30 min per 15 min of presenting

Everything Else Effort Metrics

Oncology Pharmacy Task	Average Time to Complete
Policy, guidelines, and drug monograph development	8 h ± 4 h per project
Committee participation	4 h ± 2 h per committee/month
Ensure regulatory compliance while actively working, aligning with institutional, state, and federal requirements	1 h ± 0.25 h per day
Medication error, adverse event, and safety event reporting	5 min ± 1 min per intervention
Annual competencies, maintenance of certifications, licenses	40 h ± 8 h per year
Create a standardized treatment plan in the EMR	2 h ± 0.5 h per plan
Validate a standardized treatment plan in the electronic medical record	1 h ± 0.25 h per plan
Contribute to institutional and collaborative research and scholarly activities	40 h ± 8 h per project

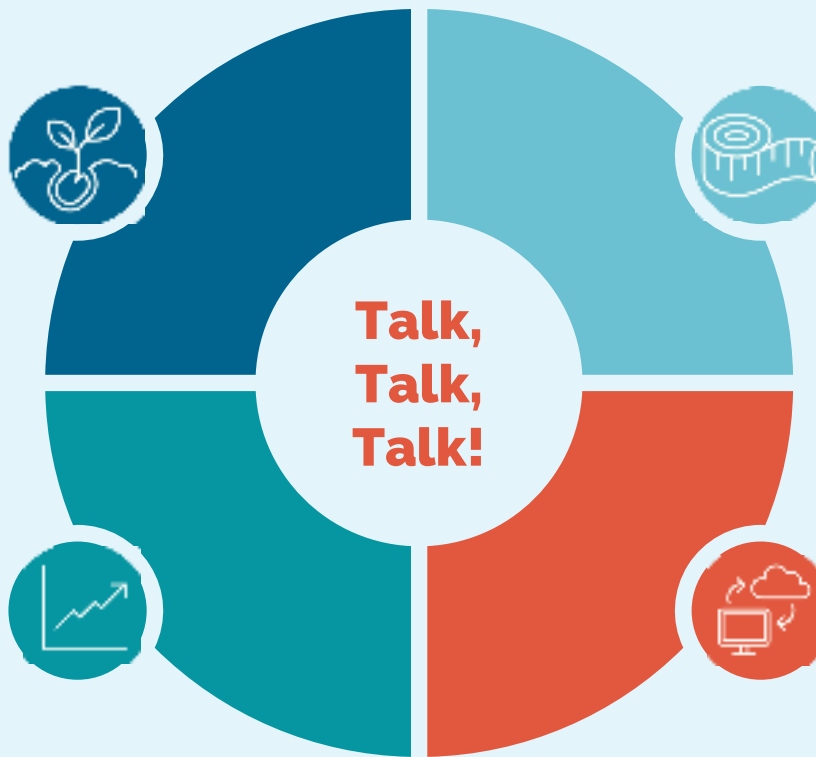
The Making of a **SMART** Metric

Specific, Scalable & Sustainable

Clear and well-defined with long term collection feasibility and sustainability

Realistic Growth

Match the metric to the clinic, pharmacist, and area needs if growth is the goal



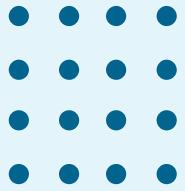
Measurable

Quantitative data, not 'vibes'

Actual Reality & Automated

Evaluate *established* practices, patterns, and events with automated collection





03

Beyond Current Metrics



What do we value in our practice?

Visit Care

- Calendar utilization (Percent fill rate)
- On the fly encounters

Non-Visit Care

- Care coordination encounters
- Treatment/therapy plan preparation, manipulation
- High-value inbaskets

Practice Support

- Protocol development and review, care team education, committee participation

Education & Precepting

- PGY1/PGY2 or APPE students; education for hematology/oncology fellows

Research

- Requires independent funding from research protocols or grant support

How do we capture our information?



Unify
documentation
(within reason)



Let
documentation
help automate
capture



Utilize the time
model to assign
effort to tasks
which do not
naturally
capture time



Simplify
metrics to
those available
in the EHR



Be thoughtful
on any manual
tracking items



Alternative Options

Electronic patient reported outcome (ePRO) tool assessing cognitive impairment, physical impairment, pain, depression, anxiety, fatigue, nausea/vomiting was used to guide **pharmacist-lead education and intervention.**

Pharmacist-lead cancer pain management lead to reduced drug-related problems, better pain control, reduced adverse reactions and improved patient satisfaction.

Pharmacist & RN managed toxicity evaluations in lung cancer clinic & breast cancer clinic.

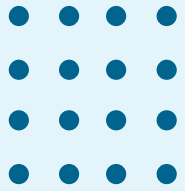
Pharmacist & RN lead venetoclax ramp up for CLL patients.

Pharmacist-lead app-based follow up in non-metastatic breast cancer reduced severe adverse effects, improved medication knowledge/adherence and quality of life.

Empower pharmacists to make adjustments for cost savings (dose rounding, dose banding, preferred PD-1 agents, preferred biosimilars).

Sarpas S, et al. J Oncol Pharm Pract. 2025. ePub ahead of print.
Dong Y, et al. J Pharm Health Care Sci. 2026; 12:24.
Wu M, et al. Front Pharmacol. 2025; 4:16: eCollection 2025.
Kenzierski DC, et al. JCO Oncol Pract. 2026; 22: 325-331.
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04

A Sustainable Team



**A healthy team
starts with
leadership.**



The Five Dysfunctions of a Team



Creating a Superteam

Talk it out

No venting
Scrum sessions on active processes

Curiosity

Acknowledge what you don't know
Join your team in the trenches

Feedback

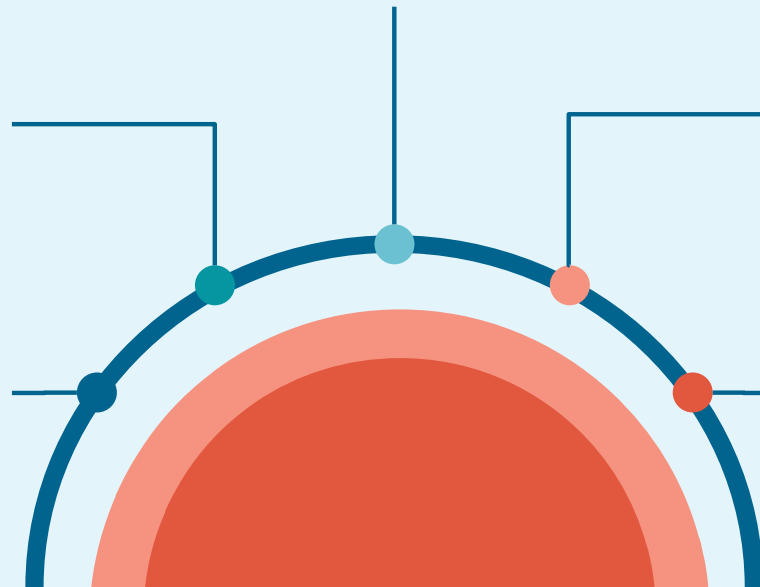
Second score
Engage how recipient prefers

Experimentation

Fail openly and often

Lead with meaning

Don't make metrics your leading/only focus



Burnout across the career spectrum



System, Structure, Incentive

1

Early Career

Thrive with clear workflows, decision rights, and explicit norms

Need permission to ask questions without penalty

Managers: Normalize uncertainty

Managers: Give clear, real-time feedback, not review-cycle assessments

2

Mid-Career & Managers

Reduce meeting load and clarify decision rights

Hold regular check-ins focused on obstacles and resource gaps

Set explicit boundaries around off-hours communications

Stop rewarding overextension as a proxy for commitment

3

Executives & Leaders

Enlist a peer platform (internal and external)

Establish clear decision cadence and scope to empower lower leaders

Build structured reflection time around high-impact or irreversible decisions

Ask the difficult questions

- What is consuming more energy than its impact justifies?
- Which decision keeps getting delayed, and who has the authority to make it?
- Where has availability become a substitute for performance?
- What work are we continuing out of habit rather than necessity?
- What could we stop, remove, or redesign to create relief?

Metrics are evolving

What worked before may need to change



Count from where you are

Automate as much as you can

Take care of those IN your charge

Healthy teams are a superpower



Questions

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