

# Access to Registered Dietitian at Specialty Pharmacy Addresses Gaps in Oncology Nutrition Care



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## **Background and Significance**

Up to 80% of patients diagnosed with cancer are malnourished at some point during their journey. Research has suggested there are barriers to receiving care from a Registered Dietitian (RD), despite accreditation criteria from the Commission on Cancer requiring provision of nutrition services.

A Specialty Pharmacy (SP) dispenses anti-cancer medications and provides clinical care. Providing consultation with an RD in this setting may address the gap in access to nutrition care.

Our institution developed the proprietary Social Determinants of Health Index (SDI) to identify communities, by census tract, that have a higher risk of poor health status and barriers to health care utilization. The SDI category (Very High, High, Medium, Low) estimates the risk of being negatively impacted by Social Determinants of Health.

Social Determinant Index (SDI)					
Economy	Education	Language	Health coverage	Community	Food security

## Purpose

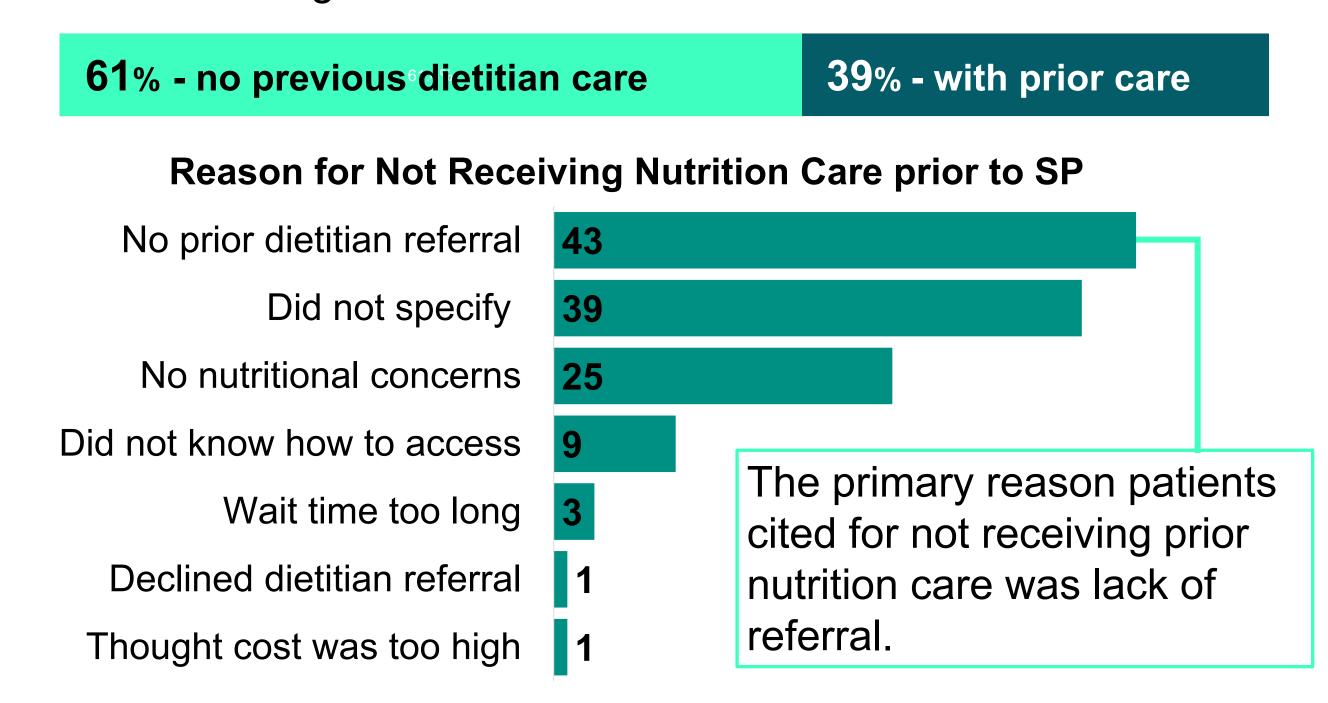
The objective is to measure access to nutrition care prior to consultation with an RD at the SP and obtain information on patient-reported barriers. Improving our understanding of the challenges patients face will better inform future interventions.

### Methods

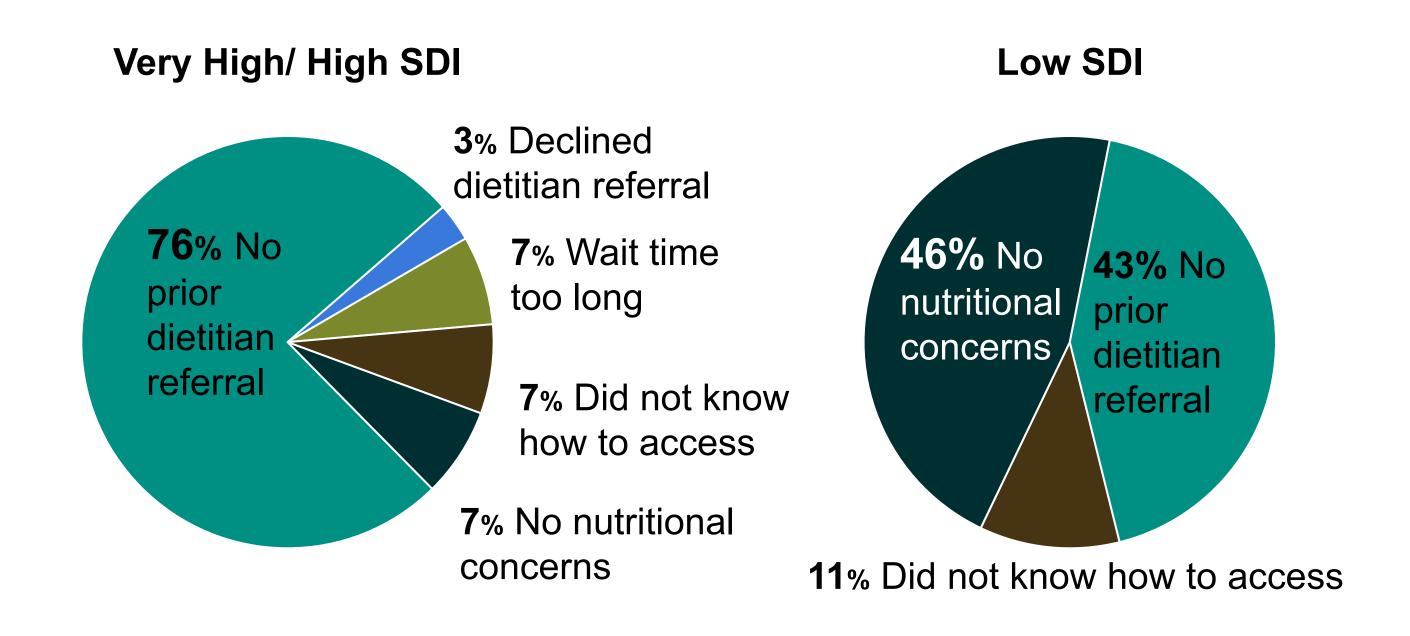
During nutrition assessment by the SP RD between 3/31/2022-12/31/2023, patients were asked if they had previously received care from a Registered Dietitian and barriers to prior RD care if applicable. Eligible patients were 18-89 years old at the time of assessment and not enrolled in a pharmacy benefit plan contracted to exclude patient data from study use.

### **Evaluation**

197 patients participated in the survey about prior nutrition care. 61.4% (121/197) reported they had **not** received care from an RD since their diagnosis with cancer.

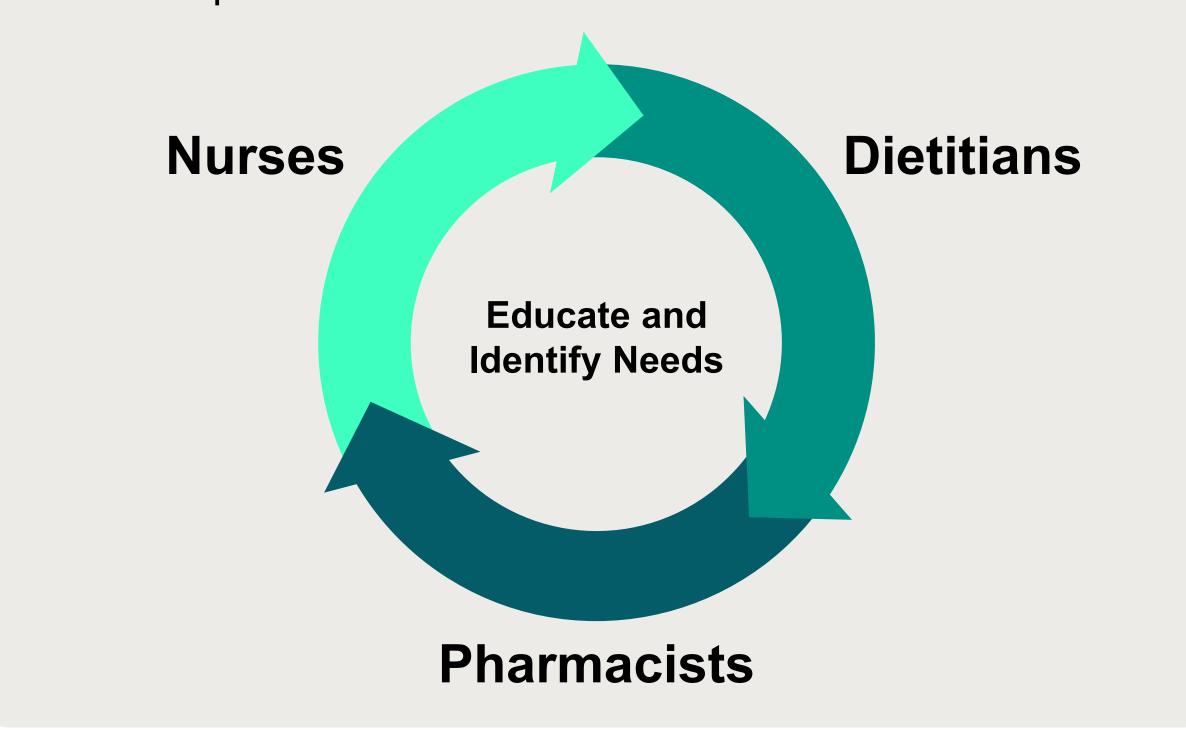


The primary barrier to nutrition care reported by patients with High/Very High SDI was lack of dietitian referral, while patients with Low SDI stated no prior nutrition concerns.



## **Key Takeaways**

- Oncology nurses and pharmacists are clinically trained to identify potential nutrition needs and serve as an extension to prescribers in proactively referring patients to a Registered Dietitian.
- An interdisciplinary, oncology-focused care team at an SP that includes an oncology-certified RD increases access to nutrition care promoting health equity.
- Referral for consultation with an SP RD serves an unmet need for patients who live in communities with the highest risk of health disparities.



#### References

- 1. PDQ® Supportive and Palliative Care Editorial Board. PDQ Nutrition in Cancer Care. Bethesda, MD: National Cancer Institute. Updated 09/20/2024. Available at: <a href="https://www.cancer.gov/about-cancer/treatment/side-effects/appetite-loss/nutrition-hp-pdq">https://www.cancer.gov/about-cancer/treatment/side-effects/appetite-loss/nutrition-hp-pdq</a>. Accessed 01/23/2025..
- 2. Trujillo, Elaine B., et al. "Closing the gap in nutrition care at outpatient cancer centers: ongoing initiatives of the Oncology Nutrition Dietetic Practice Group." Journal of the Academy of Nutrition and Dietetics 118.4 (2018): 749-760.
- 3. American College of Surgeons Commission on Cancer, Standard 4.7: Oncology Nutrition Services (2020 Standards)