MANAGING ORAL ONCOLOGY - HEMATOLOGY TREATMENTS IN YOUR PRACTICE

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WHAT YOU NEED TO KNOW
WHAT YOU NEED TO HAVE
AND HOW YOU DO IT

Objectives:

• Describe the evolving role of oral oncolytics
• List the 13 steps in Pelusi’s oral oncology drug management program
• Define the terms adherence and persistence
• Identify 4 resources for your practice when starting an oral drug management program
THE CHANGING LANDSCAPE OF ONCOLOGY

• Predications for next 3-5 years – 1/3 of all oncology/hematology treatments will be oral

• Guidelines are in place to facilitate shift to oral tx

• Same staff but new roles and changing roles

• Philosophy of a team approach to patient/family centered oncology/hematology
PUTTING THE MYTHS ASIDE…

- Oral agents are back office issues
- Oral agents have fewer side effects than IV therapy
- Patients on oral agents require fewer office visits
- Oral medications are less effective than IV tx
- Dose intensity is not applicable to oral medications
- One size fits all - programs
PUTTING THE MYTHS ASIDE… CONTINUED

• 1-2 people can manage the oral meds in your practice
• You will lose money utilizing oral meds
• There is data/guidelines for all aspects of care r/t to orals agents
• All providers, offices, patients/caregivers and pharmacies talk with each other
• All oral agents are completely covered by insurance
GUIDELINES & RESOURCES

• American Society of Clinical Oncology and Oncology Nursing Society Standards for Safe Chemotherapy Administration 11/09

• Chemotherapy and Biotherapy Guidelines and Recommendations for Practice – ONS 2009

Barnes L, Burich M, Little A, Nowak M, Haroldson B; Community Oncology Alliance; Avalere Health. Oral oncolytics/addressing the barriers to access and identifying areas for engagement.

Community Oncology Alliance Study 2009
RESOURCES & GUIDELINES

• **QOPI standards**

• **2010 ONS Oral Chemotherapy Online Program and Oral Chemotherapy Toolkit**
Pharmaceutical resources – started kits, educational resources, staff education assistance
EVALUATE WHAT YOU CURRENTLY HAVE ....FILL IN THE GAPS AND CONNECT THE DOTS

• What components do you already have?

• Patient and caregivers needs and expectations

• Staff needs and expectations – “it takes an office”

• Practice needs and expectations
FLOW PATTERNS - PROCESSES

• Is the environment set up to ensure staff competency, satisfaction and support

• Is the process set up to meet the emotional, physical educational, safety and financial needs of the patient and caregivers

• Are you meeting the intent of the guidelines and recommendations

• Can you easily evaluate and document your outcomes
DEFINITIONS

• Adherence
  Impact on outcomes
  Documentation
  “The psychology of oncology”
  Plan if suboptimal adherence
  Relates to more than just taking the drug

• Persistence

...We need to measure both
MODEL OF CARE – PELUSI’ S MODEL 1998

- Staff Education
- Patient Selection and pretreatment evaluation
- Treatment Plan Development
- Patient and Caregiver education
- QA, PQE, Patient and Staff Satisfaction
- Communication
- Documentation
- Monitoring and Follow up
- Reimbursement, prescription refills, and acquisition of medication

Patient and Care Giver

Treatment Option Discussion and Selection

Informed Consent

ADHERENCE

Pelusi’s Model
STAFF EDUCATION #1

- Education of all staff regarding process
- Education of staff based on their role in the process
  (drug, examination, authorization, monitoring, motivating...)
- Education must be ongoing and evaluated
- Strategies for education (in house, self learning modules, online – conferences)
- Make it part of competencies
PATIENT/CAREGIVER SELECTION

#2

• Are they a candidate for an oral drug from multiple perspectives (indications, physically, cognitive, emotionally, previous hx with medications, number of current medications/copays, safety, place for delivery, type of home/setting desire to work collaborate with team, communication and transportation….)

• Is there a formal and documented evaluation process

• Do we reevaluate this on a regular bases – distress inventory, cultural assessment, or quality of life questionnaire

• What are we going to need to do to make this successful
TREATMENT OPTIONS
DISCUSSION / SELECTION   #3

• Who – how – when

• NCCN guidelines (pro and cons)

• Think about timing of what comes next and timing

• What do you need before you start and after they finish

• Start developing tx plan
PRETREATMENT EVALUATION

#4

- Labs and imaging studies are needed for baseline evaluation and dosing?

- Possible Hep B screening, use or growth factors...

- Evaluation of patient and home environment to make them successful

- Review of current medications – non Rx, life style practices – influences on possible drug - drug interactions and dosing
MEDICATION AUTHORIZATION & ACQUISITION

#5

- Authorization process – working with insurers and pharma (obtain oral info up front)

- Identifying who will fill the Rx – type of collaboration

- Zero or limited refill policy

- Obtaining medication – when / start date

- “The BOOK”  “The TALK”
INFORMED CONSENT #6

- Written and signed consent
- Wording of consent (goals – role – partnership)
  side effects – alerts – consideration
- Timing and obtaining consent
- Legal responsibility of providers
- Baseline assessment – complication of tx plan
• Treatment plan (goal of therapy, timing and dosing of therapy, special consideration, monitoring and follow up, and symptom management...)
MONITORING & FOLLOW UP

#8

• What needs to be monitored

• What is the frequency of monitoring

• Timing with potential side effects

• Types of potential monitoring and follow up strategies – office based, web based, pharmacy, outside agency/pharma, phone based…..
PATIENT / CAREGIVERS EDUCATION – ONGOING #9

• When and by whom (individual/group)

• Provide chunks of information 15 – 20 minutes

• Check off sheet – to ensure consistency and completeness (storage, missed doses…)

• Tie with OV – scheduling

• Provide written, verbal, etc. information - based on patient and caregivers needs

• Make sure for those “unknown” topics there is a consistence message (sexuality, vaccination…)

EDUCATION

• What is to be included?
  • Unique issues such as r/t oral meds: safety, administration, missed doses, storage, refills, self-monitoring issues, and adherence

• What handouts and resources are provided?

• How and when is the educational process evaluated?

• How is the educational process documented?

• How is the educational process reinforced, how often, and by whom?

• Have those who educates the patients and caregivers received training on teaching about adherence and issues related to oral medication?
DOCUMENTATION #10

- Where
- Flow sheets – multi dates – trends - S/E - adherence
- EMR
- Populate for treatment summary
- Regimens vs. current meds section
- From outside sources
- Resources utilizes
- Where is tx plan placed
COMMUNICATION
#11

- Types and frequency – staff, patient and families, and PCP (specific drug letter to PCP)
- Process communication
- What patients have with them – “letter”
- Between pharmacies, pharmacies and practice, pharmacies and patients, practice and other providers
EVALUATION OF PROCESS #12

- QA, PQE, Patent /Caregiver & Staff satisfaction

- Adherence - persistence, grade of side effects, dose holds/reductions, dose intensity, time to first dose, ... process
• Policies and procedures – reflect oral medications

• Variance reporting mechanism – plan to enhance care
PUTTING IT ALL TOGETHER

- Multiple roles and responsibilities
- Multiple elements/steps occurring at one time
- Communication regarding the implementation, evaluation and process improvement efforts
- Know everyone’s role
- Addressing process
- Working with Specialty and In house pharmacies
Has your staff been educated on oral therapies for cancer as it relates to their specific roles?

Has the team/provider evaluated the patient to ensure he or she is an appropriate candidate for oral therapy?

Has authorization been assessed and acquired? Has pharmacy been identified?

Has discussion occurred with patient and family regarding potential treatment?

Has the pretreatment evaluation for the specific therapy been completed?

Has the informed consent document been signed?

Has the treatment plan been developed?

Has the patient and family education been completed and a plan established for ongoing support and education?

Have the monitoring and follow-up visits been determined and scheduled?

How will your practice document the therapy and where will documents be housed?

Has correspondence for other providers and pharmacists been created?

Has a Quality Assessment program been established to evaluate effectiveness and patient/staff satisfaction with the process?

Does the practice policies and procedure reflect oral medication and does it have a way to track variances?
SUMMARY

- Review the guidelines and recommendations
- Evaluate what you currently have
- Involve the whole team, including patients & caregivers in the development & evaluation process
- Communicate findings and process issues to all
- Trust the process
REMEMBER…

• Many new roles and challenges for the oncology team, but it is a process and everyone has a role.

• Having a process in place to manage oral medications is critical to the effectiveness and efficiency of our practices.

• Each practice is unique in terms of personnel and skills – but it is the specific elements/steps which are consistent for providing quality cancer care – matching and supporting staff for each element is critical.
Thank you for your continued commitment to oncology care and our patients and their families.

Questions – Comments…