Panel Discussion: Orals Adherence & Challenges
Friday, April 28th, 2017
Panel Discussion: Orals Adherence & Challenges

- Ray Bailey, RPh, Director of Pharmacy
  Florida Cancer Specialists

- Stacey McCullough, PharmD, Senior Vice President Pharmacy
  Tennessee Oncology

- Todd Murphree, PharmD, Ambulatory Pharmacy Manager,
  Clearview Cancer Center
Ray Bailey, RPh
Director of Pharmacy
RX to GO Centralized Specialty Oncology Pharmacy
Florida Cancer Specialists

- Centralized Call Center providing “HUB” services for all oral oncology drugs. Including Financial Assistance and Prior Authorizations.
- State of the Art Specialty Pharmacy with automation technologies. Licensed in over 40 States.
- Dual Specialty Pharmacy Accreditation including Oncology Distinction
- Proprietary oral adherence IT platform called ORCA with pharmacy and practice designed oral chemotherapy care plans.
- Access to over 99% of all oral oncology drugs on the market
- Practice based model with access to EMR giving Pharmacist real time access to patients medical records
Oncology Resource Compliance Application
Scheduler Layout
Pharmacist Layout

Innovating and Advocating for Community Cancer Care
## Patient Profile

### Patient Demographics
- **Patient**: Test, Jackie (200203)
- **Gender**: Female
- **DOB**: 1/1/1970
- **Ht / Wt**: 147 in. / N/A
- **Allergies**: Aspirin

### Patient Events
- **Events Through**: 8/5/2016
- **Assigned User**: Unassigned
- **Last Action**: 7/23/2016
- **Next Action Date**: 7/29/2016
- **Order Description**: Palbociclib Oral Capsule 125mg PO

### Orders
- **Status: Active**
  - **Order #**: 8590, 296566
  - **Start Date**: 8/14/2012, 5/26/2016
  - **Stop Date**: 8/14/2012, 7/6/2013
  - **Prescriber**: Dr. Peter, MD

- **Status: Pending**
  - **Order #**: 1
  - **Start Date**: 7/5/2012
  - **Stop Date**: 7/6/2013
  - **Frequency**: 1 Time a Week
  - **Prescriber**: Berry, Brian
# HIPAA Verification

## Patient Verification

### Test, Jackie (200203)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Number</th>
<th>Type</th>
<th>Attempts</th>
<th>Answers</th>
<th>Answered</th>
<th>Answer</th>
<th>No Answer</th>
<th>Left Message</th>
<th>Bed Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackie</td>
<td>Patient</td>
<td>239-275-5337</td>
<td>Home</td>
<td>27</td>
<td>13</td>
<td>48%</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Test</td>
<td></td>
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<tr>
<td>Test</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### Verify Last Four Digits of Patient’s Social Security Number
- Verified: 0001
- Not Verified: ( )

### Verify Patient’s Date of Birth
- Verified: 1/1/1970
- Not Verified: ( )

### Verify Patient’s Address
- Verified: 4371 Veronica S Shoemaker Blvd., Fort Myers FL 33915
- Not Verified: ( )

### Conversation With
- ( )

### Comments
- ( )

### HIPAA not required
- ( )

### Buttons
- No Call Required
- Start Conversation
- Cancel
## RPH Initial Counseling

### Medication Dose and List Checkpoint

<table>
<thead>
<tr>
<th>Introduction Checkpoint</th>
<th>Initial Dose Checkpoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please introduce yourself and your title.</td>
<td>Was dose, instructions, and administration discussed with the patient?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication Profile</th>
<th>Not Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Medication Profile</td>
<td>Review Medication Profile</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Management Program</th>
<th>Patient Management Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the patient accept to be part of the Patient Management Program?</td>
<td>This is the initial counseling call from a RPH regarding new medication.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Characteristics</th>
<th>Review Drug Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Drug Characteristics</td>
<td>Please review Drug Characteristics.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Medication List Checkpoint</th>
<th>Initial Medication List Checkpoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was medication list updated?</td>
<td></td>
</tr>
</tbody>
</table>

### Drug Interaction Checkpoint

- Side Effects Checkpoint
- Supportive Care Checkpoint
- Lab Work Checkpoint
What is the most important information I should know about Palbociclib? Palbociclib may cause serious side effects, including:

Low white blood cell counts (neutropenia). Low white blood cell counts are common when taking Palbociclib. Your healthcare provider should check your white blood cell counts before and during treatment. If you develop low white blood cell counts during treatment with Palbociclib, your healthcare provider may stop your treatment, decrease your dose, or may tell you to wait to begin your treatment cycles.

Infections Palbociclib may cause serious or life-threatening infections. Tell your healthcare provider right away if you develop any signs and symptoms of an infection such as fever or chills.

Blood clots in the arteries of your lungs (pulmonary embolism or PE). Palbociclib may cause serious or life-threatening blood clots in the arteries of your lungs. Tell your healthcare provider right away if you have any of the following signs and symptoms of
# Refill Assessment Form

**Refill Verification Checkpoint:**

<table>
<thead>
<tr>
<th>Introduction Checkpoint</th>
<th>Introduction Checkpoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please introduce yourself and your title.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Refill Checkpoint</th>
<th>Refill Checkpoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you need a refill?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dose Verification Checkpoint</th>
<th>Dose Verification Checkpoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the patient's dose decreased?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dose and Directions Checkpoint</th>
<th>Dose and Directions Checkpoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the pt taking medication(s) as prescribed?</td>
<td></td>
</tr>
<tr>
<td>Please verify in &quot;Medication Profile&quot; (Right click on top of the medication name for medication instructions).</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No- Inform the pt that we will request an updated Rx.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication Profile</th>
<th>Not Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Medication Profile</td>
<td>Review Medication Profile</td>
</tr>
<tr>
<td>Please review patient's Medication Profile.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Medications Checkpoint</th>
<th>New Medications Checkpoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you started or discontinued any new medications or supplements in the last 4 weeks?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Missed Doses Checkpoint</th>
<th>Missed Doses Checkpoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you missed any doses this month?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes- Please explain:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the patient have a zero quantity on hand?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Estimated Starting Date Checkpoint**

**Side Effects Checkpoint**

**Facility Checkpoint**

**Address and Copay Checkpoint**
### Medication Weekly Follow Up Form

**Cabozantinib**

<table>
<thead>
<tr>
<th>Cabozantinib</th>
<th>Checkpoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please specify:</td>
<td>Cabozantinib</td>
</tr>
<tr>
<td>Dose Change</td>
<td>Cabozantinib</td>
</tr>
<tr>
<td>Has your dose changed recently?</td>
<td>Cabozantinib</td>
</tr>
<tr>
<td>Current Dose Checkpoint</td>
<td>Cabozantinib</td>
</tr>
<tr>
<td>What is your current dose?</td>
<td>Cabozantinib</td>
</tr>
<tr>
<td>Side Effects-Follow Up</td>
<td>Cabozantinib</td>
</tr>
<tr>
<td>Are you experiencing any of the following side effects?</td>
<td>Cabozantinib</td>
</tr>
<tr>
<td>- Appetite Loss</td>
<td></td>
</tr>
<tr>
<td>- Diarrhea</td>
<td></td>
</tr>
<tr>
<td>- Fatigue</td>
<td></td>
</tr>
<tr>
<td>- Hand and Foot Skin Reaction</td>
<td></td>
</tr>
<tr>
<td>- Hypertension</td>
<td></td>
</tr>
<tr>
<td>- Stomatitis</td>
<td></td>
</tr>
<tr>
<td>- Voice Changes</td>
<td></td>
</tr>
<tr>
<td>- Weight Loss</td>
<td></td>
</tr>
<tr>
<td>- None</td>
<td></td>
</tr>
</tbody>
</table>
Labs Follow Up Form

Labs Follow Up Checkpoint

Labs Date Checkpoint
Please specify Labs date.

Labs Results Checkpoint
Please select labs and specify results.

WBC/ANC
Pit
HGB/HCT
SRCR/BUN
ALT/AST
Bilirubin
Ca 27-29

Lab Comment Box
Lab Comments

Lab Comment Box
RPH Intervention Follow Up Form

- **RPh Reason for Intervention Checkpoint**
  - Scheduler: Please provide details of Pt's question

- **Introduction Checkpoint**
  - Please introduce yourself and your title.

- **RPh Intervention Checkpoint**
  - Pt's questions was regarding:

- **RPh Intervention**
  - Please explain:

- **Hospitalization Checkpoint**
  - Did intervention prevent hospitalization?

- **Visit to Clinic Checkpoint**
  - Did intervention prevent a visit to the clinic?
• Centralized comprehensive pharmacy services for 30 sites of care
• URAC and ACHC Specialty Pharmacy Accredited
• Utilize Commercially available MTM program
• PharmD scheduled new patient teachings
• 2 FTE (Certified Pharmacy Techs) for MTM follow-up and refill calls
# New Patient Care Plan

## Care Plan

**Identify Therapeutic Category for this care plan:**
- Ankylosing Spondylitis
- Crohn's Disease/Ulcerative Colitis
- Cystic Fibrosis
- Growth Hormone
- Hematology
- Hemophilia
- Hepatitis C

**Select category of patient's problem/needs:**
- Access to specialty medication(s)
- Drug therapy appropriateness
- Drug therapy effectiveness
- Drug safety monitoring and side effect management
- Patient education and training
- Therapy adherence
- Other

**Patient's commitment to follow the care plan:**
- Patient agreed to the care plan
- Patient committed to meet the goals of this care plan
- Patient declined commitment to administer this care plan
- Patient verbalized understanding the goals of this care plan
- Patient verbalized willingness to participate in the plan of care

**Is this an Initial Care Plan Activity or follow-up Care Plan Activity?**
- Initial Care Plan
- Follow-up
New Patient Teaching

- Primarily Telephonic Interactions
- Patient Assessment
  - Self-sufficient vs care taker
  - Medication Reconciliation
  - Non-adherence risks

- Medication Prescribed
  - Dosing Complexity (daily routine)
  - Food Requirements
  - Drug Interactions
  - Side Effects: expectation, preparedness and management
Teaching Resources

- Manufacturer Starter Kits
- Patient Education Sheets
Adherence Activity and Tracking

Overview: Tennessee Oncology

To view statistics simply click the (-) on each section.

- Patient Engagement Opportunities
- PCC Pharmacy Activities
- Activity Statistics
- Clinical Pharmacy Activities
- Most Recent Sign in
## Adherence Activity and Tracking

<table>
<thead>
<tr>
<th>Medication</th>
<th>Activity Name</th>
<th>Activity Due Date</th>
<th>Activity Status</th>
<th>Last Update</th>
<th>Links</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2017-04-05</td>
<td>Call Attempt 1</td>
<td>2017-04-05</td>
<td>Profile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2017-04-03</td>
<td>Call Attempt 1</td>
<td>2017-04-03</td>
<td>Profile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2017-04-03</td>
<td>Call Attempt 1</td>
<td>2017-04-03</td>
<td>Profile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2017-04-04</td>
<td>Call Attempt 1</td>
<td>2017-04-04</td>
<td>Profile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2017-04-05</td>
<td>Call Attempt 1</td>
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<td>2017-04-04</td>
<td>Call Attempt 1</td>
<td>2017-04-04</td>
<td>Profile</td>
</tr>
</tbody>
</table>
Adherence Activity

- Coordinate call with scheduled MD visit per EMR (OCM opportunity also)
- General Assessment of tolerability
- Specific Pill count
- Schedule Refill Delivery
Coordination of Care

- Initial medication teaching points documented in EMR
- Medication delivery date notated in EMR
- Patient Triage for intolerability /side effect management
- Lost to follow up and non-adherence communication
Todd Murphree, PharmD
Ambulatory Pharmacy Manager
CCI PHARMACY

- Licensed “retail pharmacy” inside community oncology clinic
  - 13 physicians, 3 locations serving oncology patients in North Alabama
  - 150 Rx’s/day
  - 20% specialty prescriptions

- Staff
  - Pharmacy Manager
  - One full time staff pharmacist - shares time between IV pharmacy and dispensing pharmacy (27 hours)
    - Recently added 10 pharmacist budget hours
  - 2 PRN pharmacists (1-2 shifts per month)
  - 3 full time technicians
  - 3 cross-trained technicians
  - 7 Social Workers
  - 1.5 oral PA coordinators
  - 2 PAP program coordinators
Adherence Workflow

- New Rx received
- Rx reviewed
  - Weight, BSA, labs, etc.
  - Dosing
- Benefit verification
- PA
- Copay assistance
- Pharmacist Counseling
- Patient added to TherigySTM
  - Interface with PioneerRx
  - Document new start counseling
  - Mark complete and refill assessment scheduled
Adherence workflow cont’d

- Pharmacist works refill assessments assigned daily
- Review all pertinent information in EMR:
  - Labs
  - Physician visit notes
  - Nurse calls
  - Social work notes
  - Hospital admissions
  - Scheduler
- Contacts patient if due for refill
  - Adverse event monitoring
  - Adherence assessment
- Schedules refill around appointment date if appropriate
- Coordinates with clinical staff if adherence or adverse effect follow up needed
Challenges to Adherence Program

- Lack of interfacing between systems (EMR, dispensing software, adherence platform) leads to:
  - Fragmented workflow
  - Increased burden on pharmacy staff
  - Decreased efficiency of communication among clinical staff

- Decreased access to our patients
  - Non-profit foundations closing
  - PBM mandates to fill at PBM-owned specialty pharmacies
Challenges to Adherence Program (cont’d)

- **Patient dependent factors**
  - Voluntary non-adherence
  - Adverse effects
  - Don’t want to take medication
  - Don’t think drug is working

- **Involuntary non-adherence**
  - Forgetting to take dose
  - Cost issues
  - Complex regimens
    - IV/oral combination regimens
    - Complex schedules – lenalidomide, palbociclib, trifluridine/tipiracil, sunitinib malate

QUESTIONS