

Establishing a Pharmacist Managed Oral Oncology Clinic and its Impact on Patients with Cancer

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BACKGROUND

Oral oncolytic use has increased substantially over the last decade. Oral chemotherapy allows patients to complete therapy within the comfort of their own home. Although the use of oral chemotherapy may be more convenient for patients, it presents barriers unlike those seen with traditional intravenous chemotherapy. Patients receiving standard chemotherapy intravenously are in-office and can easily be monitored for side effects, adherence and efficacy of treatment. Oral oncology patients are managing the administration of their therapy and experiencing side effects out-of-office. This requires education, strict adherence, side effect management and correct prescribing. The American Society of Clinical Oncology published best practice guidelines in 2018 that emphasized the use of pharmacists in this setting.¹ Pharmacists have the ability to assist in prescribing, dispensing, educating, monitoring, and following-up with patients undergoing treatment with oral oncology agents. By reviewing the medication, dosing, interactions, and the therapy's current place in literature, pharmacists can ensure the safety and efficacy of these medications. Having a pharmacist manage these patients can increase prescription volume in an in-house specialty pharmacy that can lead to increased hospital revenue as well as decrease the time to treatment initiation.² Assisting in education of patients can enhance patient adherence and satisfaction. Pharmacists can play a crucial role in monitoring and follow-up with these patients, which can lead to saved time for providers and increased therapy safety and efficacy.³

OBJECTIVES

Primary Objective: Improve clinical adherence to oral oncology treatment.

Secondary Objectives:

1. Patient satisfaction.
2. Number of pharmacist interventions (side effect management, number of adverse events managed, dosing errors caught, educational material supplied, etc.).
3. Time to treatment initiation after prescribing.
4. Time between refills.

IDENTIFIED AREAS FOR PATIENT IMPACT

Clinical review of agent

Patient education

Supply patients with education and adherence material

Patient follow-up

Appropriate lab ordering and monitoring

Financial assistance

Prior authorization assistance

Adverse event management

Adherence management

METHODS

Phase I: Guideline and Workflow Development - November

Phase II: Project Implementation January - March

Phase III: Data Analysis May - June

Phase I: Material Development

- Initiation guideline production for each oral oncology medication
- Follow-up guideline production for each oral oncology medication
- Patient education material production
- Workflow development
- Adherence management tool production
- Patient satisfaction survey development
- Pharmacist intervention tracking tool production
- Patient chemotherapy cycle calendar production
- Note template creation for initial and follow-up patient visits

Phase II: Project Implementation

Identify Workspace

- Identify area where clinical pharmacist can make phone calls, have follow-up visits, and document

Familiarize with materials

- Identify when to use certain tools and guidelines to aid in patient care

Develop service

- Work with provider / clinical staff on pharmacy integration
- Provide clinical review of medication
- Meet with patient for education, counseling, and appropriate follow-up
- Document interventions / tasks

Refill Management

- Coordinate refills
- Secure refill prescriptions from patient providers
- Follow up with patients to ensure refill is acquired

Patient Monitoring

- Track follow-up
- Visit with patients to monitor treatment course
- Address inquiries from other members of the healthcare team

First Fill

- Initiate prior authorizations
- Coordinate medication fill

Phase III: Data Analysis

The following will be assessed via retrospective review:

Patient Satisfaction Survey Results

Time To Treatment Initiation

Number of Clinical Interventions

Clinical Adherence

Time Between Refills

PROPOSED ORAL ONCOLOGY PHARMACIST RESPONSIBILITIES

Develop and implement the following:

- Collaborative practice agreement(s)
- Policies, protocols, and guidelines
- Note templates for oral oncology agents
- Patient education handout(s) and counseling
- Side effect management guidelines
- Refill reminders
- Clinical intervention tracking
- Adherence management tools
- Patient monitoring and follow up sheets
- Data reporting methods

Perform the following duties:

- Continuous quality improvement
- Initial medication reconciling
- Initial medication counseling and education
- Scheduling/managing patient follow ups
- Coordinating care
- Continuous monitoring
- Scheduling necessary lab appointments
- Discussing therapy plan and lab results with oncologist
- Specialty pharmacy follow-up
- Monitoring patient adherence
- Assessing tolerability
- Providing phone number to discuss concerns
- Optimizing treatment

DISCUSSION

Utilizing a clinical pharmacist to manage the oral oncology service will impact patients being treated with oral oncology medications by offering a thorough clinical review, providing pertinent patient education and counseling, ensuring patient tolerability, and managing medication therapy issues and barriers as they arise. The purpose of developing and implementing this service will be to offer more comprehensive care during the treatment of a patient's cancer while they are at St. Peter's Health.

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AUTHOR DISCLOSURES

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