Improving Care Coordination for Patients on Oral Oncolytic Therapy

Hematology-Oncology Associates of Central New York

June 18, 2021
The Mission of HOA is to provide the highest level of quality care in a healing environment for the mind, body and spirit of patients dealing with cancer and blood disorders. Our goal is to offer the highest level, state of the art technology and treatments, while meeting the emotional needs of our patients and their families.

About HOA

14 Medical Oncologists • 4 Radiation Oncologists
1 Thoracic Surgeon • 1 Palliative Care Physician
33 Advanced Practice Providers

HOA by the numbers...

~ 19,000 unique patients / year (60% oncology)
~ 5,000 new consults / year
~ 42% Medicare FFS • 18% Medicare Advantage • 38% Commercial
Team HOA

Team Lead  Anthony Scalzo, MD, Medical Oncologist, Past President
Project Sponsor  Jennifer Pichoske, MS, FNP-C, AOCNP, Chief Clinical Officer

Team Members
Olivia Barrett, MA, RN, OCN, CPHQ, Healthcare Business Analyst
Robin Burke, Patient Navigator Manager
Jonas Congelli, RPh, Chief of Pharmacy, Laboratory & Nutrition Services
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Matthew Korzeniewski, RN, Director of Health Information & Patient Services
Cherie Sgarlata, MSN, NP-C, AOCNP, Nurse Practitioner, Medical Oncology

ASCO COACHES
Vedner Guerrier, MBA, LSSBB
John Bingham, MHA
Problem Statement

MISALIGNMENT OF IBRANCE DISPENSE & OFFICE VISITS

55% of Ibrance dispenses from The Patient Rx Center (TPRxC) occur outside of our specified timeframe; either more than 3-days after their office visit, or the dispense occurred before the office visit. This results in inefficient care and wastes resources, impacting patient satisfaction and leading to both patient & staff frustration.
# Outcome Measure: Baseline Data Summary

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure</strong></td>
<td>The proportion of patients that received Ibrance within 3-days after their office visit</td>
</tr>
<tr>
<td><strong>Patient population</strong></td>
<td>Patients with metastatic breast cancer that had a script for Ibrance, filled at our in house dispensing pharmacy, between July 1, 2020 – December 31, 2020</td>
</tr>
<tr>
<td><strong>Calculation methodology</strong></td>
<td>Difference between office visit date &amp; Ibrance dispense date</td>
</tr>
<tr>
<td><strong>Data source</strong></td>
<td>OncoEMR documentation</td>
</tr>
<tr>
<td><strong>Data collection frequency</strong></td>
<td>One time data collection for the baseline period</td>
</tr>
<tr>
<td><strong>Data limitations</strong></td>
<td>Inconsistencies in documentation, manual data abstraction</td>
</tr>
</tbody>
</table>
Summary of Baseline Data

Number of Days Between Office Visit & Ibrance Dispensed from TPRxC

- Days between office visit & dispense
- Lower Specification
- Upper Specification

SNAPSHOT
Baseline Period
7/1/2020-12/31/2020

Total Ibrance Dispenses
273

Dispenses within Specifications
124 (45%)

Dispenses outside Specifications
149 (55%)
AIMMENT OF IBRANCE DISPENSE & OFFICE VISITS

We aim to increase the percentage of coordinated office visits & Ibrance dispenses (within the defined 3-day window) from 45% (during the baseline period of July 2020 -December 2020) to 80% between May 1st - May 31st, 2021.
Decision to start Ibrance → Enter care plan (labs & Med. pick-up) → Discuss plan in huddle → Enters Orders: chemo teach → Send Rx to TPRxC → Lab & Chemo-teach appt. → Enter Orders: Lab, FUP, med. pick-up AND enter 3-mo labs & MD FUP with CT scans → Walks pt. to Navigator to check-out

Schedule: Labs, teach & med. pick-up → Prior Auth. → Benefits review & copay assistance → Initiate Pharmacy Plan of Care → ONN activity order entered & ONN pamphlet → Schedule: Labs, FUP & med. pick-up → Direct pt. to TPRxC (Queue & STOP sign)

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PHYSICIANS

APP TEAM

PATIENT NAVIGATORS

TPRxC

NURSING

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Process Map (cont’d)

Don’t forget to stop at The Patient Rx Center (PHARMACY) before you leave!

Please return this sign at the pharmacy window.

Thank you!

Direct pt. to TPRxC (Queue & STOP sign)

Med. Pick-up appt. DISPENSE

Collect STOP sign

Update TPRxC & Dispense activities

Patient starts cycle

Lab/FUP appt., verify care plan & orders

Enter Orders: Lab, FUP, med pick-up

Walks pt. to Navigator to check-out

Schedule: Labs, FUP & med. pick-up

Direct pt. to TPRxC (Queue & STOP sign)

3-5 day FUP call - toxicity & adherence assessment (then prior to each cycle)

10-day ONN follow-up call

Individualized Nursing Care Plan & FUP
Cause & Effect Analysis

PATIENT FACTORS
- Lack of education
- Adverse events
- Self-reporting
- Compliance
- SDOH

STAFF
- Lack of education
- Lack of process understanding

POLICIES & PROCEDURES
- Lack of standardization
- Sub-optimal coordination between departments
- Rx. vs. order driven system
- Lack of automation

Misaligned Ibrance dispenses & office visits

STAFF
- Lack of education

PATIENT FACTORS
- Lack of education
- Adverse events
- Self-reporting
- Compliance
- SDOH

EMR
- Lack of education
- Lack of process understanding

POLICIES & PROCEDURES
- Lack of standardization
- Sub-optimal coordination between departments
- Rx. vs. order driven system
- Lack of automation

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Priority / Pay-off Matrix

**Impact**

HIGH

LOW

**Ease of Implementation**

EASY

DIFFICULT

- **APP education & aligning care plans with actual cycles**
- **Defining scheduling parameters for on-treatment follow-up appointments**
- **Standardize processes & communication across teams**

- **Enhanced patient education around oral therapy expectations**
- **In-office reminder/prompt for patients to stop at TPRxC**
<table>
<thead>
<tr>
<th>Date</th>
<th>PDSA Description</th>
<th>Result</th>
</tr>
</thead>
</table>
| 4/19/2021 – 5/31/2021 | 1. Schedule “medication pick-up” appointments with each cycle  
                      2. TPRxC “stop sign” & queueing                                                 | Decreased number of patients missing their medication pick-up. Increased awareness amongst navigator team. |
| 4/19/2021 – 5/31/2021 | 1. New activity to document TPRxC dispense  
                      2. Second check / ‘tasking’ APP in the EMR if cycle dates are not aligned, etc.          | Enhanced accuracy & visibility of the treatment plan; improved communication.               |
| 4/19/2021 – 5/31/2021 | 1. Enhanced weekly APP-Nurse Navigator communication specifically to review patients on oral therapy  
                      2. Addition of the medication pick-up order  
                      3. Verification of the care plan & future orders | Improved communication across team; proactive identification of patient needs and coordination of future appointments. |
                      2. 10-day ONN follow-up, then individualized care plan/follow-up            | Improved communication & standardized Nurse Navigation / patient outreach.                  |
## Enhanced Care Plan Accuracy & Visibility

<table>
<thead>
<tr>
<th>Tue 05/04/2021</th>
<th>Thu 05/06/2021</th>
<th>Fri 05/07/2021</th>
<th>Mon 05/10/2021</th>
<th>Tue 06/01/2021</th>
<th>Thu 06/03/2021</th>
<th>Fri 06/04/2021</th>
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</thead>
<tbody>
<tr>
<td>CEC Auto Diff</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chg Hx (Show)</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>CMP</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD Office</td>
<td></td>
<td></td>
<td>Kumar/99215</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD Office NP/PA</td>
<td>Zimmamann/F</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Medication Pick up</td>
<td>Picked-up/DD</td>
<td></td>
<td></td>
<td></td>
<td>Picked-up/BJ</td>
<td></td>
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<tr>
<td><strong>Hide FH_BRC7: Palbocilb PO(125)</strong></td>
<td>47:1</td>
<td></td>
<td></td>
<td></td>
<td>48:1</td>
<td></td>
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<tr>
<td>Palbocilb (Ibrance) PO</td>
<td></td>
<td>75 mg</td>
<td>75 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEC Auto Diff</td>
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<tr>
<td>CMP</td>
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<tr>
<td>TX Comment</td>
<td>*</td>
<td>*</td>
<td></td>
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<tr>
<td>Oral Chemo Review</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charge Nurse Infusion Review</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TPRxC Dispense</td>
<td>Picked Up/MM</td>
<td></td>
<td></td>
<td></td>
<td>Picked Up/BJ</td>
<td></td>
</tr>
<tr>
<td><strong>Hide Bone Met: Xgeva every 1 mont</strong></td>
<td>52:1</td>
<td></td>
<td></td>
<td></td>
<td>53:1</td>
<td></td>
</tr>
<tr>
<td>Denosumab (Xgeva) SQ</td>
<td></td>
<td>120 mg</td>
<td>120 mg</td>
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<td></td>
</tr>
</tbody>
</table>

**ASCO® Quality Training Program**

**AMERICAN SOCIETY OF CLINICAL ONCOLOGY**

**KNOWLEDGE CONQUERS CANCER**

13
Outcome Measure: Change Data

Number of Days Between Office Visit & Ibrance Dispensed from TPRxC

- Days between office visit & Ibrance dispense
- Lower Specification
- Upper Specification

SNAPSHOT

Baseline Period
7/1/2020-12/31/2020
Dispenses within Specifications
45%

Post-Intervention Period
5/1/2021-5/31/2021
Dispenses within Specifications
74%

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# Outcome Measures: Change Data

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(7/1/2020 - 12/31/2020)</td>
<td>(5/1/2021 - 5/31/2021)</td>
</tr>
<tr>
<td>Dispense occurs same day or within 3-days after office visit</td>
<td>45% (124/273)</td>
<td>74% (28/38)</td>
</tr>
<tr>
<td>Dispense occurs same day or within 3-days after labs</td>
<td>78% (212/273)</td>
<td>87% (33/38)</td>
</tr>
<tr>
<td>Dispense occurs same day or within 3-days prior to start of next cycle</td>
<td>72% (77/107)</td>
<td>82% (31/38)</td>
</tr>
</tbody>
</table>
## Sustainability Plan

<table>
<thead>
<tr>
<th>Next Steps</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNICATION</strong>: Continue interdisciplinary project meetings.</td>
<td>QTP Team</td>
</tr>
<tr>
<td>- Team progress reports &amp; check-ins regarding project-specific interventions.</td>
<td></td>
</tr>
<tr>
<td><strong>DATA</strong>: Automate data collection, regular data review &amp; communication of results.</td>
<td>QTP Team</td>
</tr>
<tr>
<td>- Create a pharmacy dashboard to monitor patients on oral therapy &amp; pertinent metrics.</td>
<td></td>
</tr>
</tbody>
</table>
Conclusions & Lessons Learned

- HOA increased the percentage of Ibrance dispenses that met our defined specifications from 45% to 74%
  - We did not hit our 80% target
  - Achieved improvements in two related metrics

- **Wins!**
  - Positive feedback from staff
  - Enhanced communication across teams
  - Improved accuracy & visibility of the patient’s treatment plan

- Culture of continuous quality improvement
- Data-driven QI project -- keys to success
Improving Care Coordination for Patients on Oral Oncolytic Therapy

**AIM** To increase the percentage of coordinated office visits & Ibrance dispenses (within the defined 3-day window) from 45% (during the baseline period of July 2020 - December 2020) to 80% between May 1 & May 31st, 2021.

**INTERVENTIONS**
- Added “medication pick-up” appointment to the patient’s schedule, enhancing visibility, compliance & tracking
- Implemented use of a laminated pharmacy “stop sign” to prompt patients to stop at the pharmacy before leaving
- Updated oral care plans to include a pharmacy dispense activity, increasing clarity of the treatment flowsheet
- Enhanced weekly communication between Advanced Practice Provider & Oncology Nurse Navigator (ONN) to review patients on orals, encouraging comprehensive review of patient’s needs, treatment plan & future orders
- Standardized the initial ONN follow-up for patients on oral therapy

**RESULTS**

<table>
<thead>
<tr>
<th>Number of Days Between Office Visit &amp; Ibrance Dispensed from TPRxC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days between office visit &amp; Ibrance dispense</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>-20</td>
</tr>
<tr>
<td>-40</td>
</tr>
<tr>
<td>-60</td>
</tr>
</tbody>
</table>

**SNAPSHOT**

- **Baseline Period**
  - 7/1/2020-12/31/2020
  - Dispenses within Specifications
    - 45%
- **Post-Intervention Period**
  - 5/1/2021-5/31/2021
  - Dispenses within Specifications
    - 74%

**CONCLUSIONS**
- HOA improved the coordination of Ibrance dispenses relative to office visit appointments from 45% to 74%.
- Improved coordination of Ibrance dispenses relative to labs from 78% to 87%, and improved coordination of dispenses relative to the next cycle start date from 72% to 82%.
- Improved accuracy & visibility of the patient’s treatment plan and enhanced communication across teams.

**NEXT STEPS**
- Understand differences in this process compared to patients receiving oral therapy through external specialty pharmacies and identify care coordination needs.
THANK YOU

Team HOA

BACK ROW: Missy McCormick ♦ Anthony Scalzo ♦ Matthew Korzeniewski ♦ Robin Burke ♦ Jonas Congelli
FRONT ROW: Jennifer Pichoske ♦ Olivia Barrett ♦ Cherie Sgarlata ♦ Stacy Keppler