

# Collaborative Learning Workshops Explore Best Practices for Implementing Cancer Immunotherapies in the Community


To help community oncology programs and practices across the United States better integrate immunotherapies to treat cancer, the Association of Community Cancer Centers (ACCC) hosted a day-long, expert faculty-driven workshop with three Member Programs: Grand Valley Oncology in Grand Junction, Colo.; Medstar Franklin Square Medical Center in Baltimore, Md.; and PIH Health in Whittier, Calif. These workshops provided guidance on practical issues related to optimal integration of immunotherapies into practice, including coordination and communication within the multidisciplinary cancer care team, coverage and reimbursement, and patient education and engagement.

Workshop participants engaged in discussion with expert faculty to assess their own immuno-oncology practices and to build an action plan to address challenges and barriers at their respective locations. “We participated in the workshop in November 2019. At the time, we had onboarded several new nurses to our oncology practice, and we were starting to see more and more of these immunotherapies come through, including the side effects of those therapies,” says Tara Bebee, RN, BSN, OCN, oncology nurse educator at Grand Valley Oncology. “We participated in this program because we wanted to provide an education program for staff that gave us a well-rounded overview of immunotherapies, and to get our nursing staff more experience with these treatments. Exposure to the expert faculty and their experience was really valuable.”

## Staff Education and Management of irAEs

Grand Valley Oncology staff identified the need to implement tools (e.g., patient wallet cards, reference sheets, and checklists for staff) to improve patient education on immunotherapies, and to help nursing staff across the hospital better identify patients who experience toxicities or immune-related adverse events (irAEs) due to their treatment. Grand Valley Oncology is located near Community Hospital in Grand Junction, Colo., and is an outpatient department of the hospital, so ensuring inpatient and emergency department (ED) staff are educated about immunotherapies and irAE symptoms is a challenge. “It’s hard for clinical staff in those settings to look at the anti-cancer drug regimens patients are on and know that their patient may be experiencing toxicity to treatment,” explains Bebee. “Immunotherapies are coming out so quickly, and it’s still an emerging field. It can be difficult for clinical staff to stay up to date on every new development—especially for providers in the ED setting who do not specialize in oncology.”

To help ED and inpatient staff, Bebee developed binders to share information and education on all types of oncology emergencies, including irAEs. This resource is helpful for hospital staff since the oncology department is not within the walls of the main hospital but a phone call away. In turn, Bebee’s nursing staff benefitted most from ACCC’s education opportunity. “I believe our triage nursing assessment skills have been positively impacted and even improved by exposure to cutting-edge



education about immuno-oncology and what nurses should watch for," says Bebee. Since completing the workshop, Grand Valley Oncology nursing staff use reference sheets to educate patients and a checklist to better assess patients who are on an immuno-oncology treatment regimen.

Located just outside Baltimore, Md., Medstar Franklin Square Medical Center provides oncology services at eight community-based locations. Pallavi Kumar, MD, director of Immuno Oncology at Medstar Franklin Square Medical Center, The Harry and Jeanette Weinberg Cancer Institute, also sees a great need to ensure ED and hospital staff are educated on immunotherapies. "There is never enough education to go around to ED staff and hospitals," says Dr. Kumar. She explains that patients can continue to experience toxicity long after completing their immunotherapy treatment, so a need also exists to educate primary care providers (PCPs) along with ED and hospital physicians.

In response to the varying toxicities immunotherapy patients experience and lessons learned from the ACCC workshop, Dr. Kumar developed an immunotherapy side effect team within her program. This team is made up of a physician lead within each relevant discipline (e.g., endocrinology, pulmonology, and gastroenterology). "I've done this partly to increase the physicians' experience with identifying and treating immunotherapy toxicities," says Dr. Kumar. "If you get to see more than one case, then it becomes much easier for you to identify toxicity symptoms." If a patient's symptoms are identified to be immunotherapy-related, Dr. Kumar contacts the necessary physician lead directly to discuss the best course of treatment for the patient. Staffing has also been enhanced since participating in the workshop to address the need for tracking patients who are being treated with immunotherapies. A nurse dedicates their time to monitor and track these patients via a simple spreadsheet and algorithm to establish follow up timing. During follow up, after the team checks up on patients at each cycle of treatment and if no symptoms are reported, the nurse calls patients once a month per cycle. If patients report mild symptoms, the nurse follows up with them weekly. If patients experience any autoimmune toxicity, the nurse calls daily until treatment and symptoms stabilize. Monitoring and tracking patients help ensure their symptoms are addressed and treated right away.

## Patient and Caregiver Education

While it is critical to educate healthcare staff on immunotherapies, patient and caregiver education is also key. When patients experience symptoms after treatment(s), they often visit the ED or hospital, which results in higher costs to patients and the healthcare system due to ED or hospital admission and possible misdiagnosis of patients' symptoms or toxicities because staff are unaware of patients' cancer history. Bebee shared that the ACCC patient immuno-oncology wallet card implemented after participating in the workshop has greatly helped with their patient education, and her nursing staff continue to use the immunotherapy quick facts sheet in new patient teaching appointments. But staff use of these tools is an ongoing effort. "In my opinion, if cancer programs want to successfully implement these types of tools for process improvement, the use of the tools should be mandatory," explains Bebee. "I think making the tools available to staff is a great start, but it's also one of those things that if it's out of sight, it's out of mind. Putting the emphasis on needing to use these tools versus the choice being left up to staff will make a big difference."

At Medstar Franklin Square Medical Center, patients being treated with immunotherapies will spend time at their first visit learning the autoimmune effects of their treatment with their oncologist. Before treatment begins, patients are also required to attend a 90-minute group education session. (During the COVID-19 pandemic, these group sessions were replaced with individual conversations with patients when they came in for treatment.) Dr. Kumar takes an extra step with her immunotherapy patients by sitting down with them to provide further education and answer questions. During treatment, she will also meet with patients on a three- to four-week basis, depending on the prescribed therapy, and on a weekly basis with those patients who have also been prescribed a steroid.

## Coverage and Reimbursement

Even with the existing differences between participating cancer programs, workshop faculty noticed similar challenges and barriers to immuno-oncology implementation and effective practices. Faculty member Sarah Hudson-DiSalle, PharmD, RPh, pharmacy manager, medication assistance and reimbursement services at the Arthur G. James Cancer Hospital and Richard J. Solve Research

Institute at The Ohio State University, explains that a key step for ensuring reimbursement on immunotherapies is packaging payer pre-determination/pre-authorization information (e.g., patients' previous treatments, labs, etc.). "There is a need to streamline this process," says Dr. Hudson-DiSalle. "Cancer programs use a lot of resources upfront to get immunotherapies to patients. And if everything is ready upfront, there is no lag or delay in payment or reimbursement, and patients can continue to receive treatment."

For many cancer programs and practices, this process is initiated with a simple ask for permission from payers, which allows more formal payer requests to be completed later. Dr. Hudson-DiSalle suggests that cancer programs and practices should hire or commit a full-time staff member dedicated to the pre-determination process and tracking of these agents. "You need to ensure that you have a dedicated staff member just because immuno-oncology agents are so expensive and so specialized," she explains. "Healthcare is evolving, and our payers are evolving too—whether that means site of care restrictions, benefit restrictions, or out-of-pocket expenses. When it comes to immunotherapies, all of these different nuances can contribute to a negative patient experience." A dedicated staff member can make certain the pre-determination process is done in a streamlined and unified fashion. This dedicated staff member can ensure the pre-determination process is completed in a streamlined and unified fashion. This allows treatment for the patient in a timely and expedited manner while helping to increase the likelihood of timely reimbursement for the facility or practice.

## Continued Learning

Learning at these ACCC workshops was bi-directional. Meaning, as workshop participants learned effective practices for implementing immuno-oncology into their practice, workshop expert faculty learned from participants' experiences. Since immuno-

oncology is not a one-size-fits-all solution, a cancer program or practice's setting and patient population plays a key role in the design and implementation of necessary tools and/or staff to best treat patients with cancer who are on an immunotherapeutic regimen. "It's refreshing to see a smaller operation because they can be much more personalized and really do the right things for their patients," explains Dr. Hudson-DiSalle. "For me, it was nice to see what their barriers had been and what they had done to overcome those barriers. Sometimes there were things that I may have not thought to try, and sometimes I could share other ideas or avenues to help them remove those barriers."

Like many areas of oncology, immuno-oncology faces a unique set of implementation barriers and challenges often driven by the cancer program's patient population. But the common denominator to optimizing the integration of immunotherapies into practice, Bebee shares, is the continued learning and exposure by healthcare staff. "I definitely advocate for participating in these types of workshops," she says. "I believe it is important to introduce clinical staff to this type of education because continued exposure is what helps people keep this information at the forefront of their minds when they are assessing their patients and administering immunotherapies." Similarly, Dr. Kumar shares that since participating in the ACCC workshop, she has felt more confident in her cancer program's ability to provide quality care to patients. "These types of forums [workshops] are so important," says Dr. Kumar. "I found that it reinforced and strengthened my ability to provide the best care to patients."

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*This activity is supported by educational grants from AstraZeneca Pharmaceuticals LP, and Merck & Co., Inc.*

*This article is produced as part of the "Best Practices for Implementing Cancer Immunotherapy" education program. You can learn more at [acc-cancer.org/projects/implementing-cancer-immunotherapy/overview](https://acc-cancer.org/projects/implementing-cancer-immunotherapy/overview)*

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