

ONCOLOGY PHARMACY EDUCATION NETWORK

Care Coordination

The Role of Pharmacy to Help Manage Patients with Cancer on Oral Oncolytics

Oral anticancer therapies have transformed the way in which care is provided to patients. When oral agents are equally efficacious as parenteral treatments given in infusion centers and other healthcare settings, most patients with cancer prefer oral agents because they can be taken at home. Because oral anti-cancer agents are most often administered outside of the clinic setting, it takes a multidisciplinary team to successfully manage these patients and their treatments.^{2,3}

Effective oral chemotherapy programs require three key components:⁴

1. Cancer programs must offer resources and tools to mitigate the patient financial burden associated with these high-cost agents.
2. Patients must adhere to and comply with their clinicians' instructions.
3. Patients must be regularly monitored for safety.

Every cancer center manages its oral chemotherapy program differently. Some operate their own specialty pharmacies designed to promote a patient-centered, multidisciplinary team environment in an approach called medically integrated dispensing.⁵ A medically integrated dispensing pharmacy is defined as "an outcome-based collaborative and comprehensive model that involves oncology healthcare professionals and other stakeholders who focus on the continuity of coordinated quality care and therapies for cancer patients."⁵ Others use specialty pharmacies in their communities or work with large nationwide healthcare chains (ACCC Focus Group Discussions, January 2021) Patient education on how to properly take oral medications differs from facility to facility. There is also wide variation in how cancer programs monitor patients' drug regimen compliance and adherence.

ACCC Education Project Addresses the Role of Pharmacy to Help Manage Patients with Cancer on Oral Oncolytics

In March 2020, ACCC launched its education project, Evaluating Dispensing Models to Improve Cancer Care Delivery.⁶ A key component of this project was an online, internally validated survey developed with a committee of expert pharmacists and other oncology specialists who collaborate closely with pharmacy. The survey was administered nationwide to multidisciplinary cancer care team members. Survey data provided learnings into medically integrated dispensing programs, both internal and external specialty pharmacy relationships, pharmacy team dynamics, and telehealth. Following this survey, ACCC conducted focus groups with four cancer programs to better understand how each navigates the complex issue of dispensing oral oncolytics.

The survey and focus groups identified three issues common to all dispensing models:

- Communication challenges among care teams.
- Patient adherence to medication dosing and scheduling.
- Care coordination between patient care teams and external specialty pharmacies.

In a growing number of cases, manufacturers and/or payers restrict the dispensing of certain oral anticancer therapies to select specialty pharmacies. These restrictions can be challenging for cancer programs. These restrictions complicate care coordination; often delay the initiation of therapy; and are not necessarily helpful for care delivery.

ACCC Survey Results

Survey questions sought deeper insight into the role pharmacy plays to manage patients on oral oncolytics, and how each one managed financial support systems; delivered patient education; and monitored patient adherence, compliance, and safety. The survey also asked questions related to pharmacy operations and care coordination as patients transition between care settings.

Launched in September of 2020, 123 individuals from 59 unique cancer programs in the United States responded to the ACCC survey. Of the total number of survey respondents, 28% were nurses, 22% pharmacists, 20% administrative personnel, 13% physicians, 10% financial advocates, 7% technicians, and 1% social workers. Almost three-fourths of survey respondents (74%) had more than 5 years of experience dispensing oral anticancer medications; half had more than 10 years of experience. Survey respondents worked at community cancer programs, academic cancer programs, physician practices, and teaching hospitals. Of those, 42% worked in community programs and 52% represented urban communities.

Survey respondents represented five different types of dispensing models:

- In-house pharmacies with the option to dispense specialty drugs (54%).
- In-house pharmacies without the option to dispense specialty drugs (12%).
- Mail order pharmacies with the option to dispense specialty drugs (23%).
- Mail order pharmacies without the option to dispense specialty drugs (12%).
- Oral anti-cancer drug repositories, in which unused medications are made available to patients who would not otherwise be able to afford essential cancer medications (4%).⁷

In addition to questions about use of external specialty pharmacies, workflow, and processes, the survey focused on five challenges patients face when they are prescribed oral oncolytic therapies:

1. High out-of-pocket costs.
2. The inability to afford co-payments.
3. The lack of available patient assistance programs.
4. The ability to obtain prescription refills in a timely manner.

5. Co-pay accumulator practices (a strategy used by payers and pharmacy benefit managers that stop manufacturer copay assistance coupons from counting towards a patient's deductible and maximum out-of-pocket spending).⁸

When respondents were asked about the effect of sending prescriptions to external specialty pharmacies:

- 98% believe treatment may be delayed.
- 77% believe communication is limited between the specialty pharmacy and the care team.
- 77% believe there is an inability to adequately track patient adherence and compliance.
- 73% believe that financial assistance for patients is limited.
- 72% believe that patients are required to work with unfamiliar care providers.
- 66% believe that access barriers are created.
- 48% believe that patients' access to their care team to ask questions is limited.

When asked how survey respondents used telehealth in their work:

- 58% used telehealth for follow up after the initiation of the patient's treatment.
- 47% used telehealth to monitor adherence to treatment protocols.
- 46% used telehealth to provide initial patient education.
- 42% used telehealth to monitor adverse events.
- 33% used telehealth to follow up on prior authorization.
- 4% used telehealth for reasons other than the ones listed above.

Some survey questions were specific to a particular dispensing model. Below are the most significant findings from in-house pharmacies without the option to dispense specialty drugs:

- 73% are concerned about the lack of available patient assistance programs.
- 53% are concerned about high out-of-pocket costs.
- 53% are concerned about the ability to obtain refills in a timely manner.
- 47% are concerned about the use of co-pay accumulators.
- 40% are concerned that their patients are unable to afford their co-payments.

- 27% are concerned their patients are unable to adhere to their oral chemotherapy regimen because of high out-of-pocket costs.

Below are the most significant findings from in-house pharmacies with the option to dispense specialty drugs:

- 71% are concerned about high out of pocket costs.
- 66% are concerned that their patients are unable to afford their co-payments.
- 52% are concerned their patients are unable to adhere to their oral chemotherapy regimen because of high out-of-pocket costs.
- 40% are concerned about the lack of available patient assistance programs.
- 34% are concerned about the use of co-pay accumulators.
- 31% perceived that their patients' ability to obtain oral anti-cancer therapy refills from them was a challenge.

ACCC Focus Groups Share Effective Practices

Following survey completion, ACCC conducted focus groups with four cancer programs representing diverse regions, program size, and dispensing models (ACCC Focus Groups, January 2021):

1. Billings Clinic, Billings, Montana. A comprehensive community cancer program with its own specialty pharmacy.
2. Franciscan Health Indianapolis, Indianapolis, Indiana. A comprehensive community cancer program that does not have its own specialty pharmacy.
3. Kellogg Cancer Center, Evanston, Illinois. An academic comprehensive cancer program with its own specialty pharmacy.
4. Norton Cancer Institute, Louisville, Kentucky. An integrated network program with its own specialty pharmacy.

These focus groups identified the following effective practices.

Insight 1. Medically Integrated Dispensing May Offer Significant Advantages (ACCC Focus Groups, January 2021)

Across all focus groups, ACCC uncovered an overarching theme—a strong preference for medically integrated dispensing. In this model, because pharmacy is integrated within the health-care system, once an oral anticancer drug is prescribed, internal specialty pharmacy staff can dispense therapies more quickly than external pharmacies. Pharmacists associated with medically integrated dispensing can also:

- Provide patient education.
- Communicate issues and concerns directly with local care teams.
- Access patient medical records to evaluate labs and provider documentation.
- Document their own work directly into the program's electronic health records (EHRs).

Some cancer programs have developed collaborative practice agreements that allow pharmacists to manage some aspects of

patient care, such as prescribing anti-nausea medications when appropriate.

Insight 2. Standard Operating Procedures Can Be Valuable Tools (ACCC Focus Groups, January 2021)

Healthcare institutions tend to define the roles and responsibilities of staff members in standard operating procedures, or SOPs. SOPs define the scope of a care team's responsibilities and outline how care will be delivered. Issues that can be addressed in a SOP include:

- What clinical evaluations need to be carried out when a new drug is prescribed?
- Who is responsible for patient education and when?
- How will patient adherence and compliance to therapies be assessed and documented in the EHR?
- Should the cancer program employ financial navigators and if so, what will be their scope of work?

Insight 3. Key Issues Must Be Addressed When Using Medically Integrated Dispensing or Specialty Pharmacies (ACCC Focus Groups, January 2021)

If a cancer program does not have a medically integrated dispensary or an internal specialty pharmacy, the cancer program should identify a direct point of contact at any and all external specialty pharmacies. This helps minimize staff time wasted navigating automated phone systems and challenges related to speaking to a different person on every call.

When an external specialty pharmacy is used, care teams should consider sending prescriptions early, because of the additional time it takes for these pharmacies to dispense medications. Unfortunately, this practice often means that patients need to be seen earlier than is clinically appropriate, and that sometimes prescriptions already sent in must be changed once patients are seen.

In addition, external specialty pharmacies do not have a direct way to communicate with cancer care teams to know when patients receive their medication, and when patients began taking it. External specialty pharmacies also do not have access to documentation, chart notes, and labs. Many external specialty pharmacies do not even have a full list of the medications a patient is taking, and therefore cannot address possible drug interactions.

Working with external specialty pharmacies places a significant burden on cancer care teams who need to know where patients are in the course of their therapy. It leads to a fragmented care model—and both survey and focus group participants unanimously reported that the time it takes to dispense medications is longer when external specialty pharmacies are involved.

Insight 4. Telehealth Can Be a Useful Tool (ACCC Focus Groups, January 2021)

Many cancer care teams are using telehealth interventions in innovative ways, especially once the COVID-19 pandemic made visits to healthcare facilities problematic for immune-compromised patients. These include:

- Educating patients.
- Following up with patients post-treatment.
- Ensuring patient adherence to medication schedules.
- Monitoring adverse events.
- Completing insurance-mandated prior authorizations.

Insight 5. Financial Navigation Plays an Important Role (ACCC Focus Groups, January 2021)

Many oral chemotherapy agents come with a high price tag, and patients bear much of these costs through out-of-pocket responsibilities such as premiums, deductibles, coinsurance, and co-pays.⁹ Financial navigators guide patients through the complexity of our nation's health insurance system and reduce financial barriers to care. By helping patients access resources like foundation or pharmacy patient assistance programs, financial navigators reduce patient financial toxicity and distress. Financial navigators (or in some cancer programs revenue cycle management) also help ensure prior authorizations from insurers are in place when new therapies are initiated.

Insight 6. EHRs Can Provide Valuable Support (ACCC Focus Groups, January 2021)

All four cancer programs that participated in the ACCC focus groups used EHRs. Integrating the EHR and the pharmacy not only reduced or eliminated the need for paper orders, it optimized workflows. Conversely, focus group participants reported difficulties in both tracking patients and transferring data when patients were required to receive medications from external pharmacies, either specialty or otherwise.

Insight 7. Patient Education is Critical to Therapeutic Success (ACCC Focus Groups, January 2021)

Many barriers can affect a patient's adherence to an oral chemotherapy regimen, including:¹⁰

- Cost.
- Dosing complexity.
- Forgetfulness.
- Distractions of everyday life.
- Side effects.
- Misinterpretation of instructions.

Patient education should be the responsibility of every member of the multidisciplinary cancer care team. Successful models have highlighted oral anticancer medication education provided by nurse navigators, pharmacists, pharmacy technicians, and other disciplines. These individuals may also be asked to assess adherence, compliance, and/or other issues throughout a patient's treatment. Several organizations, such as the National Community Oncology Dispensing Association, Inc., have created educational handouts and additional information.

Dispensing Models: Other Considerations

For cancer programs, the decision about which dispensing model to adopt impacts many aspects of coordinated, patient-focused care delivery, including how quickly patients

receive their prescribed medications; how EHRs are used in the dispensing process; the financial burden of the cost of these medications; the way in which patient data is collected; and the use of telehealth in medication administration and management.¹¹ Dispensing decisions must also take into account factors, such as:^{9,12,13}

- State laws.
- Organizational culture and structure.
- Level of commitment to empower pharmacy staff to work at the top of their license, in other words, to use the full extent of their education, training, and experience.
- How technology is integrated and/or used to dispense medications.
- Performance metrics.
- Payer mix and payment models.
- Internal and external specialty pharmacy relationships.

As the number of oral anticancer medications continues to grow, so do new challenges for education, delivery, and adherence. Dispensing requirements from manufacturers, payers, and regulatory agencies are also in flux during the transition to value-based cancer care. ACCC will continue to educate its member programs about evolving models, including education and resources to help cancer programs assess which works best for their specific patient and payer populations.

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Acknowledgements

ACCC is grateful to the Advisory Committee, Partner Organizations, cancer program staff, and others who graciously contributed their time to this publication.

Special Recognition

A special thank you to the four ACCC Cancer Program Members that contributed to the development of this publication and to the following individuals who shared their personal experiences.

Billings Clinic, Billings Clinic Cancer Center

Franciscan Health Cancer Center Indianapolis

**Northshore University HealthSystem,
Kellogg Cancer Center**

Norton Cancer Institute

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A publication from the ACCC education program, Evaluating Pharmacy Dispensing Models to Help Improve Cancer Care Delivery. This program is part of the ACCC Oncology Pharmacy Education Network. Learn more at accc-cancer.org/OPEN.

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