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The Role of the Oral Oncology Nurse Navigator: Oral Oncology Nurse Navigators Improve Patient Care & Satisfaction

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According to the Pharmaceutical Research Manufacturers of America, 836 clinical compounds are currently in development for oncology and blood disorders,[1] and an estimated 25 to 30 percent of cancer therapeutic drugs in development pipelines are oral medications.[2,3] Not only are an increasing number of oral therapies being approved, several commercially available, FDA approved oral therapies were recently granted additional indications. As such, oncology providers across all care settings need to recognize this market trend while understanding the challenges in successfully transitioning treatment options from predominantly IV regimens to a growing percentage of oral chemotherapy regimens. While oncology programs and practices must take into account numerous considerations when ramping up their oral chemotherapy services, this article focuses on one unique and very important role to facilitate this transition: the oral oncology nurse navigator.[4]

This a relatively new position gaining acceptance with oncology program and practice leadership. Importantly, the roles and responsibilities of the oral oncology nurse navigator are adaptive and responsive to meeting both the shift in the oncology marketplace and specific needs across practice settings.[5] These healthcare professionals are essential to the continuity of care critical to oncology patients receiving oral chemotherapy. This article covers specific roles and responsibilities within two distinct oncology care settings: the community level and health system level.

In-Office Dispensing at Hematology-Oncology Associates of Central New York

In 2014 Hematology-Oncology Associates of Central New York identified the need to open an in-office dispensary and, with the support of senior management, implemented this patient-centered service in the community oncology practice setting. The in-office dispensing team works with a common goal of delivering quality and value by offering specialty medications to oncology patients.

> Patients prescribed oral chemotherapies must understand that while taking an oral medication may offer flexibility with regards to when and where patients take their medications, it does not exempt them from the toxicities normally associated with IV chemotherapy.

Adding in-office dispensing is complex, and the decision must be made with careful consideration, taking into account overhead costs and patient service metrics. Hematology-Oncology Associates of Central New York started by defining roles and responsibilities for the three positions in its in-office dispensing team: pharmacist, oral oncology nurse navigator, and pharmacy technician. Next, the practice identified tasks and delineated these into four domains, assigning internal stakeholders who were ultimately accountable, responsible, consulted, and informed to each task. Target completion dates for tasks were also assigned so that the in-office dispensing team could meet specific milestones, and remain on budget, on time, and in scope. This project management approach helped transition the in-office dispensing

service from concept to practice and continues today—as Hematology-Oncology Associates of Central New York continually evaluates systems to deliver the best value to all internal and external stakeholders.

The Role of the Oral Oncology Nurse Navigator

Many patient-specific considerations come into play with dispensing oral oncolytics, including:

- Financial constraints
- Impaired cognition
- Co-morbidities
- Adherence to treatment regimens.

At the same time, having the capability to prescribe, dispense, and manage oral oncolytics directly from the physician's practice can help to address these considerations.

Patients prescribed oral anti-cancer agents must understand that while taking an oral medication may offer flexibility with regards to when and where patients take their medications, it does not exempt them from the toxicities normally associated with IV chemotherapy. Further, if patients are nonadherent to the prescribed treatment regimen, their disease may progress. For these reasons, the role of the oral oncology nurse navigator is vital to helping patients manage their toxicities and maintain adherence.

To manage adherence and reduce waste at time of refill, the oral oncology nurse navigator contacts the provider to confirm if the patient is to continue his or her medication based on laboratory values and clinical assessment.

At Hematology-Oncology Associates of Central New York, before a patient is dispensed an oral oncolytic, the oral oncology nurse navigator assesses the patient's ability to read and follow directions. If health literacy concerns exist, steps are taken to ensure the patient has the appropriate assistance to be compliant and safe. This assessment and education is documented in the practice's electronic health record (EHR). Patients then have a formal "chemo teach" appointment with an advanced practitioner. Once this appointment is completed and consent forms are signed, patients can fill their oral medication prescription(s) at the in-office dispensing service.

The ever-increasing cost of oral chemotherapy makes it crucial for the oral oncology nurse navigator to be vigilant in securing financial assistance for patients.[6] Specifically, the nurse navigator works closely with patients and families to ensure adherence and that their oral therapy treatment regimen is not interrupted due to high out-of-pocket costs. Co-payments are reviewed with patients at the time of the prescription fill. If there is any need for co-pay assistance as needed, the oral oncology nurse navigator gathers the necessary information to apply to one of the many patient assistance foundations or to the pharmaceutical company's co-pay support program. Once the oral oncology nurse navigator applies for foundation assistance on behalf of a patient, she is diligent in following up with the application.

When patients pick up their prescription(s) at the in-office dispensing pharmacy, the oral oncology nurse navigator reviews the medication again with patients and/or their caregivers. This review includes:

- How and when to take the prescribed medication.
- What to do if a dose is missed.
- An explanation of side effects, as well as how to manage them.
- How to safely handle the medication.
- Proper disposal of any unused medication.

The oral oncology nurse navigator also reviews any supportive medications (if prescribed), such as antiemetics and steroids.

The in-office dispensing team at Hematology-Oncology Associates of Central New York created "teaching sheets" for each oral oncolytic. All information is organized onto one page in a reader-friendly format. (In late 2017 Hematology-Oncology Associates of Central New York expects to adopt new oral chemotherapy education sheets being developed jointly by the Association of Community Cancer Centers, the Oncology Nursing Society, the Hematology/Oncology Pharmacy Association, and the National Community Oncology Dispensing Association.) Patients receive contact information and are instructed to call the office immediately with any concerns. After all patient questions have been answered, the oral oncology nurse navigator tells patients that they will receive a follow-up phone call approximately one week from their start date on the oral oncolytic to address any questions or concerns.

During this one-week follow-up call, the nurse navigator reinforces the discussion held at the time of initial dispense. The call is documented in the EHR and a copy of the note is sent to the patient's provider. If there are any concerns, the oral oncology nurse navigator immediately contacts the provider to discuss management plans and determine if the patient needs to come in on the same day for a "sick call." If a patient reports an issue, the oral oncology nurse navigator schedules another reassessment call, usually within one to two days; the provider is always consulted, and an assessment note is written.

To manage adherence and reduce waste at time of refill, the oral oncology nurse navigator contacts the provider to confirm if the patient is to continue his or her medication based on laboratory values and clinical assessment. Patients may require a change in the medication dose for many reasons, including a change in therapy or even a medication holiday, and this step helps avoid unnecessary oral oncolytic refills. One of the practice's goals is for patients not to have extra medication at their home. Eliminating unnecessary refills of expensive medications also reduces waste, which benefits employers, payers, and all healthcare stakeholders.

At each refill, the oral oncology nurse navigator asks patients and/or caregivers how many tablets or capsules they have left from the previous prescription. At this time, the nurse navigator will also ask if there were any missed doses and the reasons for non-compliance. If non-compliance concerns arise, the oral oncology nurse navigator helps patients (and caretakers if necessary) develop a process to improve compliance that will ultimately lead to better clinical outcomes.

Each oral chemotherapy prescription is filled for a maximum of 30 days. With this policy, the practice can maintain tighter control on patient adherence as the oral oncology nurse navigator is speaking to patients at least once a month about their oral anti-cancer regimen.

A cancer diagnosis is a life-altering event marked by uncertainty and challenges, which may be difficult for patients to overcome. Hematology-Oncology Associates of Central New York makes every effort to provide passionate financial support, guidance, and compassion. Creating a good relationship with the patient is as important as helping the patient obtain their oral oncolytic. Staff are in touch with patients throughout their oral oncolytic treatment, which allows them to establish trust and form a strong bond with the care team.

The Oral Oncolytic Program at Norton Cancer Institute

Norton Cancer Institute currently has eight outpatient oncology offices and three radiation oncology centers serving Louisville, Kentucky, and Southern Indiana, employing 34 physicians and 33 advanced practice providers. The institute provides comprehensive cancer care, including medical oncology, gynecological oncology, orthopedic oncology, and radiation therapy. As a regional leader in oncology care, Norton Cancer Institute is committed to providing quality care to the patients it serves, including supportive services such as lymphedema therapy, patient navigation, genetic counseling, prevention and early detection, behavioral oncology, palliative care, survivorship, and specialty pharmacy services. In addition, the institute has four cancer resource centers that offer nutritional counseling, yoga, massage, and art and music therapy, as well as oversight for numerous support groups.

Over the last several years, Norton Cancer Institute has seen a significant increase in the use of oral oncolytics. More and more patients are moving from traditional intravenous chemotherapy treatment plans to oral oncolytic regimens. As oral oncolytics usage grows, it is crucial that organizations develop a model of care that addresses the challenges this shift in therapy creates—challenges not only in how care is delivered, but also in how care is monitored.

As stated previously, patients on oral chemotherapy are equally at risk for experiencing unwanted side effects and potentially are at higher risk for complications due to providers' limited ability to control patient compliance behaviors. Patient education, side effect management, medication adherence, financial constraints, and a variety of other barriers are real issues facing providers and therefore require a change in practice. As such, Norton Cancer Institute recognized the need to create a robust oral oncolytic program that promotes optimal patient outcomes and prioritizes patient safety.

The Role of the Oral Oncology Nurse Navigator

In 2013 Norton Cancer Institute filled the role of oral oncology nurse navigator with an oncology nurse with 25 years' experience at Norton Healthcare. Since that time, the growing trend of utilizing oral therapies to treat cancer has become evident. Currently at Norton Cancer Institute, an approximate average of 60 patients begin a new oral oncolytic regimen every month.

As the number of patients taking an oral agent for cancer continued to grow, the institute began to identify common pitfalls and challenges when caring for these patients. The goal was to overcome these barriers by developing an oral chemotherapy process that was consistent across all eight clinics and multiple providers.

At the Norton Cancer Institute, the oral oncology nurse navigator assists both the multidisciplinary team and patients, overcoming barriers with prescribing, addressing adherence challenges, and more. While the nurse navigator functions under the direction of nursing leadership for the institute, she also collaborates with the in-house dispensing specialty pharmacy. Coordination of care and communication between the pharmacy and the interdisciplinary team are essential to patient safety, as well as patient and provider satisfaction. The oral oncology nurse navigator also functions as a resource to the nursing staff, providing education on and assisting with the oral chemotherapy process. And finally, the nurse navigator is a resource to patients, providing ongoing education and emotional support, assessing for adherence concerns and toxicities, and recommending strategies to improve adherence and self-care.

Once an oral oncolytic is prescribed, providers face the uncertainty of how and when the patient will obtain the medication and when treatment will be initiated. All too frequently, the burden of communicating this information to the clinic falls on the patient. Norton Cancer Institute developed documentation tools in the EHR to remove this burden from the patient. All members of the multidisciplinary team, including the dispensing pharmacists, financial counselors, and social workers, document updates regarding the patient's acquisition of the oral anti-cancer medication. Development of an oral chemotherapy flow sheet built into the nursing encounters has resulted in consistent documentation. Included in this flow sheet is information regarding the dispensing pharmacy, start date, financial concerns, adherence assessment, toxicity assessment, reinforcement of self-care techniques and when to call the office, patient understanding, and confirmation of appointments for monitoring and provider visits. Now, when the patient returns to the clinic for follow-up, the provider has access to the patient's start date, and follow-up appointments for adherence and monitoring are appropriately scheduled.

Utilizing the 2013 ASCO/ONS Chemotherapy Administration Safety Standards[7] as a framework, and with the support and input of nursing directors and oncologists, Norton Cancer Institute

developed and implemented a nursing process that ensures that patients receive the education, support, and monitoring required to navigate the complex world of oral oncolytics. Prior to putting this process into practice, the oral oncology nurse navigator conducted educational in-services at each clinic site. This process, which is primarily nurse-driven, includes:

- A comprehensive education session conducted by an oncology-certified nurse or clinical pharmacist.
- Scheduled outreach calls to confirm acquisition of the oral anti-cancer medication.
- Documentation of the start date.
- Confirmation that the patient correctly understands how to take the medication.
- After the oral oncolytic is initiated, a one-week follow-up call to patients for adherence and side effect assessment.

This oral chemotherapy process was added as a yearly nursing competency. The oral oncology nurse navigator serves as a resource to the validators, assisting with this annual competency validation. The nurse navigator also collects patient-specific data categorized within each clinic, which is reported monthly to the Norton Cancer Institute's director of quality.

Because the oral oncology nurse navigator has direct and frequent communication with the in-house dispensing pharmacy, she can communicate essential information to the clinics regarding the patients' acquisition of their medication. Such communication includes alerting nurse clinicians or managers of a new prescription for which patient education and consent still need to take place. When the patient's insurance dictates the medication to be filled by another specialty pharmacy, the navigator contacts the pharmacy to ensure the prescription has been received and is processed in a timely manner. The oral oncology nurse navigator also confirms that the monitoring tests and follow-up appointments are scheduled appropriately in conjunction with the date the patient started taking the therapy. Upon FDA approval of a new oral anti-cancer agent, using supportive documentation, the oral oncology nurse navigator develops the medication side effect/self-care handout that is provided during the education sessions.

Ongoing support and education are crucial for oncology patients to remain adherent to their oral anti-cancer medication. When patients can effectively identify, manage, and report side effects, their ability to continue the medication for a longer duration improves. As this persistence increases, so does the potential for maximized patient outcomes. For those individuals prescribed an oral anti-cancer agent as a first-line treatment, the oral oncology nurse navigator calls every one to two weeks between office visits. The nurse navigator also takes referrals to follow up with any individuals who may be experiencing adherence or toxicity concerns. Any toxicities interfering with ADLs (activities of daily living) or concerns are reported to the clinic for physician review and additional interventions. Referrals are also frequently made to other members of the multidisciplinary team as necessary, such as to nutrition counseling or the behavioral oncology program.

The shift from treating patients with standard infusion therapies to oral or combination regimens is an exciting time in cancer care, requiring flexibility from all members of the cancer care team. As the oral chemotherapy process at Norton Cancer Institute continues to evolve, so does the multifaceted role of the oral oncology nurse navigator. Through these changes, ongoing self-assessment, and process development, the end goal remains the same: to provide a safe nurturing environment for patients taking chemotherapy—regardless if it is in the clinic or home setting. OI

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