Health Information Technology Quality Standard

Extrapolation of quality data from Health Information Technology is a fundamental mission of all NCODA practices. This data contains integral information and quality measures that only medically integrated dispensing organizations are able to access.

The collaborative relationship that exists between the patient and physician allows medically integrated organizations to manage the patient's condition in real time. Because of this relationship, patients are able to achieve improved quality of care, which includes maximizing duration of therapy and dose intensity, increasing adherence, reducing adverse drug reactions and minimizing waste.

All NCODA organizations will be able to provide data for the following quality measures:

- **Prescriber level data**: Reliable, accurate prescriber data is the foundation for all quality measures. Data elements to be collected include:
  - Name of prescriber
  - Name of drug, dose, dose schedule, and quantity dispensed
  - Speed to therapy data elements: Date prescription received, date prescription filled and date prescription dispensed to patient
  - Diagnosis and diagnosis code
  - Line of therapy
    - If not first line, what agents used previously
  - Insurance company and PBM

- **First fill rate**: NCODA organizations will always strive for a 100% first fill rate. It is vitally important to document any and all reasons why a patient may not fill a prescription at the practice. Data elements to be collected include:
  - Percentage of prescriptions that are able to be filled in-house, first fill and refills.
  - Percentage of prescriptions referred to Specialty Pharmacy due to Payer requirement.
    - Document speed to therapy data elements: Date prescription sent to Specialty Pharmacy, date prescription filled and date prescription dispensed to patient.
  - Percentage of prescriptions able to be filled in-house for the first fill only then have to be referred to a specialty pharmacy for subsequent fills due to Payer requirement.
  - For prescriptions not filled, the following will be documented:
    - Name of drug, patients' insurance and PBM, reason for not filling and outcome i.e. different medication is recommended, switched to IV therapy, etc.

- **First month discontinuation rate**: With the provision of quality patient education and clinical support, NCODA organizations are able to minimize reasons for early discontinuation of therapy. Related data elements to be collected include:
    - Name of drug and reason for discontinuation.
    - Laboratory data or clinical information relevant to discontinuation.
    - Record hospitalization or ER visits, if due to oral oncology drug therapy.

- **Why a prescription is being discontinued**: The goal of oral oncology drug therapy is to maintain patients on treatment for as long as clinical benefit is achieved. This is done by maintaining quality adherence and persistency standards. Data elements to be collected include:
    - Name of drug and reason for discontinuation.
        - If due to ADR, describe the ADR and provide any interventions recommended or done to keep patient on therapy (see ADR Tracking).
    - Number of months and days patient was on treatment.
    - Recording of any hospitalization or ER visits due to oral oncology drug therapy.

- **Adverse Drug Reactions (ADR) Tracking**: Actively managing and identifying ADR's in oral oncology drug therapy is essential in maximizing treatment response and outcomes. Data elements to be collected include:
    - Name of drug
    - Outcome
        - Treatment held
        - Dose reduction
        - Life-threatening
        - ER or Hospitalization
        - Disability or permanent damage
        - Death
    - Date of ADR
    - Description of ADR
    - Grade of ADR according to CTCAE scale
    - Is the ADR new or previously reported?
    - If previously reported:
    - Review previous intervention for effectiveness
        - Revise intervention as needed
    - If new:
        - Expected or not
            - If not expected, NCODA organizations will complete and submit Med Watch Form FDA 3500A
        - Interventions recommended

- **Waste Tracking/Cost Avoidance**: Medication dispensed to a patient when no longer needed contributes to the rising cost of health care. NCODA practices have the infrastructure to track medication that has been unnecessarily dispensed to a patient. NCODA practices are also able to intervene in advance of scheduled fills to prevent unnecessary costly and wasteful dispensing. Data elements to be collected include:
    - Name of drug, amount to be wasted, cost, insurance company, where dispensed (SP, MID or local pharmacy) and reason why dispensed and wasted.
    - Cost avoidance totals garnered by monitoring patient therapy and related clinical interventions.
    - All hazardous drugs no longer needed by the patient and brought in to the practice, will be disposed of in compliance with federal and state regulations.

  Input data utilizing the NCODA Cost Avoidance and Waste Tracker Tool.

- **Passionate Financial Support (PFS) Tracking**: All patients should have access to prescribed medications regardless of their financial or insurance limitations. Financial support will be attempted for all patients at NCODA practices. Data elements related to patients assistance include:
    - Name of drug
    - Percentage of patients that received financial support
    - Type of financial support obtained (free drug, co-pay card, foundation)
        - Name of the drug company, foundation
    - Amount of support obtained and spent
        - Practices shall have a system in place that will allow for the reporting and tracking of current balances of support.
    - Length of time to obtain financial support.
        - From first contact to when support confirmed