

Patient-Centered Quality Standard

The NCODA Patient-Centered Quality Standard is focused on providing exceptional patient care. When establishing the medically integrated dispensing (MID) services, MID organizations should be focused on maximizing patient convenience, providing timely access to treatment, ensuring financial support and delivering individualized patient education.

NCODA organizations shall adhere to the following standards to ensure dispensing processes are centered on patient safety and education while maximizing treatment outcomes.

Patient Relationships

- The patient relationship is one of the most important factors in sustaining and growing an effective MID organization. Communications related to the dispensing process, whether directly with the patient, or on the patient's behalf, should be documented in the electronic medical record (EMR).
- Direct access for patients to the MID team is required. Patients should have access to direct phone lines and after hours phone numbers should be available. All calls left on voice-mail need to be returned by next business day.
- Drug interactions can result in lack of efficacy or increased toxicity and must be actively reviewed at each patient encounter. This includes a review of the EMR as well as a conversation with the patient about recent medication changes, including over the counter (OTC) medications.
- An SOP for delivering medications to patients (using FedEx, UPS, USPS) should be developed if home delivery is part of the MID services. The SOP should outline a process for shipping, tracking, and confirmation of medication deliveries independent of patient confirmation.

Patient Compliance

Various tools and policies should be part of the MID services in order to maximize patient education and improve compliance:

- Calendars or other scheduling communications are helpful. If a patient calendar is provided, the calendar should include refill dates and medication schedules, clearly outlining specific dates to take medication. Include documentation of calendar information in the EMR.
- Callbacks are required and recorded in the patients EMR chart, no later than seven days after the initial dispense of a medication. Additional calls may be made as necessary depending on patient status and clinical judgment.



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- Written patient medication information is required of all medication dispenses.
- Pill caddies may be appropriate and helpful for patient compliance.
- Continually evaluate electronic tools that may be helpful to advance patient compliance.

Adherence and Persistence

- Establish a plan for assessment of patient adherence and toxicity at each clinical encounter. Document any variances in EMR.
- Adherence assessment and documentation should include:
 1. Confirmation patient received the prescription.
 2. Start date for the medication.
 3. Verifying that the patient understands how to take the medication, including taking with or without food, taking whole or crushing, safe handling and etc.
 4. Monitoring of drug toxicity, lab tests and medication changes. Contact provider in timely manner to address potential problems.
 5. Discussion of any financial issues with the patient and assess the need for increased assistance requirements.

Patient Education

- Upon initiation of an oral chemotherapy drug, substantial patient education appointments should be scheduled with an experienced clinical educator (nurse, physician, pharmacist, NP, PA). Discussion should include drug name (generic and brand) drug dose, schedule, potential side effects and how to properly manage them, fertility (when applicable), treatment goal and duration of therapy.
- Oral consent forms should be reviewed by the educator with the patient. The patient should sign the form after all questions are answered, with the patient retaining a copy.
- Patient education will include parameters for when the patient should call the office and what phone number to use. Emergency and secondary (non-emergent) points of contact for the patient should be established and documented in the EMR.
- Prescription medication information will be provided at each visit.
- Patient education materials will be archived on the NCODA website.

Patient Safety

- The pharmacist or provider checks the following prior to dispensing:
 1. Right patient and appropriate diagnosis, allergies, correct drug, dose and directions.
 2. Drug interactions are reviewed for all medications (prescription and OTC).
 3. Patient profile is reviewed for duplicate therapies.
 4. The most recent provider note should be reviewed to validate treatment plan.



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5. Do not fill unless teach and consent are complete.
 6. Do not refill unless verified with prescriber.
- The patient's identity will be verified using 2 patient identifiers (name, DOB, address) at the time of entering the Rx and at the time of dispensing the Rx.

Cost Avoidance Interventions

- Prior to refilling an oral chemotherapy drug, the MID team will review the EMR for clinically relevant information (abnormal labs, prescription changes, latest progress note).
- MID team shall reach out directly to the prescriber for permission prior to refilling the Rx.
- Interventions involving a patient's refill of medication should be documented in the EMR.
- If waste is averted due to MID team intervention, this data should be tracked to demonstrate cost avoidance delivered by MID vs. specialty pharmacy. Utilize the NCODA Waste Avoidance Tracker Tool.
- MID team may need to clarify this intervention with the patient and be prepared to respond to any questions the patient may ask.

Documentation

- The documentation of all MID related patient encounters in the EMR allows for better care coordination by providers for patients.
- Every clinical encounter with a patient will be documented in the EMR. Readily available, up-to-date information in the EMR distinguishes MID organizations from mail order specialty pharmacies. Face-to-face consultations between the MID team and the patient will lead to improved disease/drug management. All questions posed by the patient regarding their therapy, will be documented in the EMR.

Benefits Investigation

- All aspects of benefit investigation and patient assistance will be coordinated by the MID team including: prescription coverage and co-pay determination, co-pay assistance, foundation and pharmaceutical company support. All patients will be evaluated for potential financial support.
- Benefit verification information should be documented in the EMR for reference.

Medication Disposal

- MID will have a standard operating procedure in place to ensure the proper disposal of patient's medications and expired drugs.
- Patient education will include directions to ensure the proper disposal of unwanted or expired medications.
- Brochures addressing proper disposal may be helpful in providing locations and addresses of local sites that accept unwanted medications.



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Patient Satisfaction

- Practices are encouraged to solicit feedback from patients utilizing the NCODA patient satisfaction survey.
- Feedback will be utilized to help communicate our value to both internal and external stakeholders and will be used to identify and address continuous improvement opportunities at each practice location and across the NCODA network.
- NCODA patient satisfaction surveys should also include specific practice logos/locations.
- Surveys will be collected on a regular basis (i.e. monthly) in order to collate patient satisfaction results across the NCODA network. Results will be reported on the NCODA website.



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