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**MULTIDISCIPLINARY MANAGEMENT OF
METASTATIC COLORECTAL CANCER
PATIENTS WITHIN MEDICALLY
INTEGRATED PHARMACY PRACTICES**



National Community Oncology
Dispensing Association, Inc.
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INTRODUCTION

In an effort to promote higher quality patient care the National Community Oncology Dispensing Association, Inc. (NCODA) created the Positive Quality Intervention (PQI) as a peer-reviewed clinical guidance document for healthcare providers. By providing Quality Standards and effective practices around a specific aspect of cancer care, PQIs equip the entire multidisciplinary care team with a sophisticated yet simple-to-use resource for managing patients receiving oral or IV oncolytics. The PQI fosters better care for patients through appropriate patient identification/selection, increased speed to therapy, reduced cost and hospitalization and by improving surveillance and adherence techniques for the patient and their medically integrated teams.

This PQI in Action incorporates opinions and experiences from oncology experts within the medically integrated teams at both Nebraska Cancer Specialists (NCS) and Alabama Oncology (ALO). These two organizations are respected leaders in oncology and were selected based on their historic partnership and alignment with the NCODA Mission. Both cancer treatment centers have successfully implemented medically integrated pharmacies (MIP) as well as the use of Positive Quality Interventions throughout their care teams to improve the clinical outcomes of patients receiving regorafenib for treatment of metastatic colorectal cancer.

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Practice panelist's comments reflect their experiences and opinions and should not be used as a substitute for medical judgement.

DEFINING MEDICALLY INTEGRATED PHARMACY AND IMPLEMENTING THIS MODEL OF SERVICE

Medically Integrated Pharmacies (MIP) are a type of service model in which patients receive oral therapies at the site of care with their doctor and are managed by one staff; state-of-the-art pharmacy services are built within the oncologist's office that help to deliver timely and ongoing care as part of a single, multidisciplinary team. Complexity of cancer treatment has recently increased with the growing number of both oral and IV therapies which are delivered across an often-confusing, payer-driven healthcare system. Various treatment settings including community, institutional, and academic centers have made efforts to transition to this integrated service model to maintain continuous care of the patient and achieve the best possible clinical outcomes. Nebraska Cancer Specialists and Alabama Oncology both adopted this approach of dispensing several years ago to establish an efficient system for managing their patients on oral anti-cancer therapies. Resources like the NCODA Positive Quality Intervention (PQI) have proven to be a valuable tool for implementation of effective practices within the multidisciplinary care teams at both organizations.

Establishing and implementing pharmacy services within the clinic presented certain challenges that the integrated teams worked through successfully. Still, some of those same pitfalls continue to effect patient care today. Both practices commented that confusion exists when prescriptions must be filled at various outside pharmacies for individual patients due to their respective insurance mandates. Pharmacist Michael Brodersen, PharmD, established new streamlined procedures within Nebraska Cancer Specialists to coordinate delivery of medications from one central dispensing site to patients within

five clinics and locations throughout the state. He and his staff also supervise the prescriptions that are required to be filled at outside pharmacies to ensure the patient receives the needed medication. "All staff are oriented to the pharmacy" said Michael, who educates his colleagues on the processes for ordering, dispensing, educating, and managing patients on oral therapies.

Nurse Case Manager at Nebraska Cancer Specialists, Samantha Young, RN, BSN, mentioned that the nurses immediately benefited from having one central conduit for prescriptions to be sent within their own organization; the patients, too, liked the idea of cohesive, connected service. Although not every prescription will be able to be filled within the practice, the pharmacy team is responsible for coordination of all oral oncolytic prescriptions for the organization. Chart notes made by Michael Brodersen within the Electronic Medical Record (EMR) helps guide the nurses and providers in their own follow-up with the patients. Young helps to triage incoming phone calls from patients and now references pharmacy notes as an essential component of care within the EMR. "The pharmacy team also follows up with patients regarding certain side effects after a specific amount of days on therapy and they let us know by documenting and calling us for significant issues, so it really helps us as nurse case managers."

Prescribers at Nebraska Cancer Specialists also commented on the benefit of having medically integrated pharmacy services as an essential part of the treatment plan for their patients. Medical oncologist Timothy Huyck, MD, expressed that the old model often left patients feeling overwhelmed and on



MICHAEL BRODERSEN, PHARM D, COUNSELS A PATIENT

“ OUR PATIENTS APPRECIATE THE HANDS-ON APPROACH WHERE WE CAN KEEP IT AS PERSONAL AS POSSIBLE. ”

their own in terms of obtaining and correctly taking their oral therapies. Comparatively, he can now reassure the patients and confidently tell them, "Our pharmacist Michael will figure out all the logistics and ensure you receive your medicine." Busy oncologists have many demands on their time; sending a prescription to their own trusted pharmacy team to take care of the complex drug-procurement process is an efficient use of resources and grants more time to focus on treating

disease. Andrea Nelson, registered pharmacy technician at the Nebraska Cancer Specialists Outpatient Pharmacy, adds that even when prescriptions have to be filled at outside pharmacies as mandated by the insurance they've established procedures to ensure the patient receives the medicine. Nelson said, "that's when we'll call and remind the patient [which pharmacy] they need to call, or we call the pharmacy and inform them that the patient has not heard from them and needs to start their drug." These layers of care help to illustrate how the medically integrated team approach can lead to efficient practices that benefit patients.

Alabama Oncology expressed a similar benefit to patient care as they implemented their own medically integrated pharmacy team at one central location in Birmingham, AL. That one pharmacy site now services patients at their nine clinics across the state. Clinical Pharmacist Austin Cox, PharmD, stated, "We fundamentally designed our system to be the opposite of the standard that patients are facing today. When you call in to our practice, you talk to a person, every time. Standards and education start within the pharmacy; you've got to own the orals program and design a robust system to overcome the restraints of the traditional drug-delivery system." As part of that process and similar to their colleagues at Nebraska, the Alabama team also ensures that the patient establishes contact with outside specialty pharmacies when they cannot service them in-house. This high-touch service has resulted in increased patient satisfaction as stated by Patient Advocate, Brandi Gudwien, CPhT, "Our patients appreciate the hands-on approach where we can keep it as personal as possible." The three technicians on staff at Alabama Oncology overlap duties

and calls and they all have the opportunity to build rapport and trust with both the patients as well as their caregivers. An NCODA resource, the Patient Satisfaction Survey, allows the voice of the patient to demonstrate the specific benefits that the MIP model delivers to them. To date, over 1200 surveys have been collected from patients at NCODA practices nationwide and proves how patients prefer and value direct interactions with members of the MIP team. Again, the medically integrated team works together to provide a level of service which results in improved patient experience and clinical outcomes. According to Alabama Oncology Practice President, medical oncologist Brian Adler, MD, "Getting the pharmacists more involved with physicians and nurses has worked extremely well for us. All physician partners have noticed improvement in care for the patients."



GETTING THE PHARMACISTS MORE INVOLVED WITH PHYSICIANS AND NURSES HAS WORKED EXTREMELY WELL FOR US. ALL PHYSICIAN PARTNERS HAVE NOTICED IMPROVEMENT IN CARE FOR THE PATIENTS.

Comparatively, when a patient must fill their prescription at an outside pharmacy, the practice loses some visibility around important care parameters like refill timing and dose adjustments. With so many different pharmacies serving patients these days, the care team at the practice may be unaware of the exact content and quality of clinical information that is being told to their patients. In fact, stated Austin Cox, PharmD, "Outside prescriptions may end up in the patient's hand without proper counseling and education." Due to constraints around staffing personnel and demands



ALABAMA ONCOLOGY, BIRMINGHAM, AL

on limited time, the team can only control so many variables; a common pitfall for practices nationwide. As treatment has transitioned to more orals and out-patient treatment versus traditional IV drugs infused in the clinic, cancer centers are adjusting as best they can to ensure patients receive proper education, counseling, monitoring, and management around their drug therapy. Regardless of which pharmacy is dispensing the medication, both Nebraska Cancer Specialists and Alabama Oncology have developed programs to equip patients with the tools and education they need to succeed with their oral therapy; PQIs are an essential educational component. Patients are instructed to call the appropriate dispensing pharmacy if they have not heard from them within 48 hours

of sending the approved prescription, and also to call the practice or nurse case manager if they haven't heard back about arranging delivery of the medication. Regular patient tracking, follow-up, and management from the practice is an essential component to oral therapy. When treatment cannot be dispensed by the practice, the time that a patient waits for their prescribed medication varies. The average time for a patient to receive a drug from an outside pharmacy is eight days for Nebraska Cancer Specialists and ten days for Alabama Oncology; for those patients who are able to fill in-house at the medically integrated pharmacy, the time to receive a drug averages just three days at both locations.

PROCESS FLOW WITHIN THE MEDICALLY INTEGRATED PHARMACY PROVIDES A LAYERED, TEAM-BASED APPROACH TO PATIENT CARE

The MIP model allows for open communication across the entire patient care team. At both Nebraska Cancer Specialists and Alabama Oncology, all prescriptions for oral oncolytics are sent through the pharmacy first in an effort to streamline and standardize the service. The clinical pharmacist reviews each prescription during Drug Utilization Review (DUR), assessing appropriate diagnosis, line of therapy, pathway check, labs, patient status, and drug interactions. By reviewing the clinical information as part of the initial assessment, these teams prevent potential future delays when the technician submits the claim to the insurance and requests prior authorization.

Therein, the cancer center quickly places the impetus on the insurance company to expedite and approve coverage of the drug. Once approved and often after a lengthy interface process with the insurance, the financial component of the prescription must be addressed. Oral oncology medications today can cost as much as \$20,000 for a single month's supply. When patient copays are unaffordable, both MIP teams utilize a proactive approach to procure financial assistance from foundations or the drug manufacturer. This effective practice ensures patients receive their life-sustaining medications without further delays.



NEBRASKA CANCER SPECIALISTS, OMAHA, NE

PATIENT EDUCATION AND FOLLOW-UP

Although clinical pharmacist Austin Cox, PharmD, serves as one of the primary educators of patients on their oral therapies, the entire multidisciplinary team plays a key role in integrating care and delivering optimal patient outcomes. In fact, an overlapping, repetitive approach to patient education and management is, “by design,” as Dr. Adler shared. The prescriber will generally highlight the serious and common adverse effects (AEs) of the drug, the nurse will reinforce with similar information including when to call in, and the pharmacist reiterates the same information with additional administration instructions and strategies to manage the AEs and increase compliance and adherence to therapy. According to Dr. Adler, “That second check has been very helpful, particularly with drug interactions.” The pharmacy staff can then communicate back to the rest of the team in a coordinated, timely delivery of care. For example, Patient Advocate Brandi Gudwien, CPhT, stated that, “Because we have full access to the EMR, we are able to reach out to nurses and physicians to coordinate care. If the patient has a scan or important test or lab upcoming, we can collectively delay the refill and avoid sending the wrong dose or instructions to the patient.” As demonstrated here, pharmacy teams that are integrated within the practice have access to the EMR and control appropriate dispensing of refills, dose changes, dose holds, etc. By way of the NCODA Cost Avoidance and Waste Tracker Tool (one of many online resources available for all NCODA members), the team at Alabama Oncology saved the healthcare system and the patients \$87,000 in only a few months with this integrated approach to patient care.

Similarly, Nebraska Cancer Specialists demonstrates a coordination of care for patients through physicians, advanced practice providers, nurses, pharmacists, lab and pharmacy technicians alike. When a patient is first prescribed an oral oncolytic, the prescription is sent to the pharmacy for processing. Meanwhile, the patient will receive initial counseling

on efficacy and safety by the physician. For new start therapies, the patient will return for a “Chemoteach” with an Advanced Practice Provider (APP) at a later date for improved retention of information. Additionally, the pharmacist will counsel when arranging the delivery of the medication and leaves a counseling note within the EMR so all team members can view what was discussed. For prescriptions filled at other pharmacies, the patient is still tracked and the nurse case manager is notified of drug delivery via an oral pharmacy note in the EMR.

After beginning a new oral therapy, a standard one week follow-up call is initiated by clinical pharmacist Michael Brodersen, PharmD, to assess understanding of the regimen and to provide any necessary AE management suggestions. A calendar reminder is set for day seven and even if the patient happens to be coming in to the clinic for a lab, the pharmacist will still call the patient. Illustrated here is the overlapping, multidisciplinary approach that provides layers of care for the patient. Retention of such complex medication information can be difficult for patients; hearing that same information at least three times bolsters their ability to succeed with their oral therapy. An additional check-in with the patient occurs at Day 21 by the pharmacy team and refills are coordinated and sent out as dictated by certain lab values, toxicity, tolerance, medication reconciliation, and other data obtained through multidisciplinary interaction on demand in the EMR. Because dose holds and dose modifications occur so frequently with these anti-cancer medications, the timing of appropriate refills can be best accomplished through communication within the medically integrated team. In this way, the pharmacy can avoid dispensing expensive and unnecessary medications. A coordinated care effort ensures the most critical aspects are not overlooked or mismanaged and by filling in any potential gaps across the team, the patient is well-positioned for a successful outcome from their oral therapy.

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BECAUSE WE HAVE FULL ACCESS TO THE EMR, WE ARE ABLE TO REACH OUT TO NURSES AND PHYSICIANS TO COORDINATE CARE. IF THE PATIENT HAS A SCAN OR IMPORTANT TEST OR LAB UPCOMING, WE CAN COLLECTIVELY DELAY THE REFILL AND AVOID SENDING THE WRONG DOSE OR INSTRUCTIONS TO THE PATIENT.

THE MEDICALLY INTEGRATED PHARMACY APPROACH TO MANAGING PATIENTS ON REGORAFENIB FOR METASTATIC COLORECTAL CANCER

“ THE MORE WE CAN STANDARDIZE THINGS AND GET UNIFORMITY, IT WILL HELP. THE NCODA PQI HAS DEFINITELY HELPED US TO TAKE CARE OF REGORAFENIB PATIENTS.



MEDICAL ONCOLOGIST, PRACTICE PRESIDENT
BRIAN ADLER, MD
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Each oral oncolytic imparts unique challenges in patient compliance, adherence, and toxicity management. Keeping up with the nuances of the many new medications being researched and approved can be overwhelming for any care team. The Positive Quality Intervention resource tool (www.NCODA.org/pqi) was created to provide concise and timely guidance information for health care professionals to effectively address those unique challenges within a specific drug or side effect. In just a few minutes of reading a PQI, the clinician can quickly understand the key components needed to safely counsel, dispense, and effectively manage a patient on a new medication. One such PQI, “Regorafenib: Metastatic Colorectal Cancer,” has been implemented at both Alabama Oncology and Nebraska Cancer Specialists and each practice shared examples of improved patient clinical outcomes as a direct result of the guidance contained with the PQI.

The information contained within the PQI is communicated across the multidisciplinary team when appropriate and applicable to a particular patient. In this way, the pharmacy team at both practices serves as the primary facilitator of drug information and subsequent AE management for the wider team of nurses and providers. Patients indicated for treatment of colorectal cancer with regorafenib are in third line or greater therapy and represent a unique population which demands critical care. Sharing PQI-based knowledge across the entire practice provides a consistent and streamlined management process for the patient. In reference to the regorafenib PQI, Dr. Brian Adler adds, “The more we can standardize things and get uniformity, it will help. The PQI has definitely helped us to take care of patients.” [Full Regorafenib PQI Document available here:](https://www.ncoda.org/mcrc-regorafenib-updated/)

“ THE PQI PROVIDES A CONSISTENT MANAGEMENT PLAN SO THAT EACH STAFF MEMBER CAN ASSIST THEIR REGORAFENIB PATIENTS TO ACHIEVE THE MOST BENEFIT.



For example, beginning in the pharmacy Patient Advocate Brandi Gudwien, CPhT, works on a new prescription for regorafenib and reviews the PQI document to gain an appreciation for what the patient may soon be facing. “The PQI allows me to be more specific with the assessment questions asked,” stated Brandi, where she can understand the names of the moisturizers they may use for dry skin side effect issues, the timing of dose titrations, and other drug-specific clinical pearls like weekly follow-up with the patients throughout the first eight weeks of therapy. As the patient is followed by the pharmacist, the technician, and the rest of the multidisciplinary team, the PQI provides a consistent management plan so that each staff member can assist their regorafenib patients to achieve the most benefit.

KEY TAKEAWAYS FROM THE REGORAFENIB PQI

DOSE ESCALATION

WEEKLY FOLLOW-UP FOR EIGHT WEEKS

SUPPORTIVE CARE WITH UREA CREAM

DOSE ESCALATION: DATA FROM THE ReDOS TRIAL LEADS TO IMPROVED TOLERABILITY

The PQI tool can often inform clinicians of advancing strategies that may improve patient outcomes which are not necessarily contained within the prescribing information or the clinical trials that led to the drug approval. Data from the ReDOS trial exemplifies the type of practical information that is communicated to healthcare professionals via the PQI which benefits patients.

The ReDOS trial evaluated the efficacy of dose escalation strategy in regorafenib patients. A strategy with weekly dose escalation of regorafenib from 80 mg to 160 mg/day (Arm A) was found to be superior to a starting dose of 160 mg/day (Arm B). A trend for improved OS was seen in the dose escalation arm. The dose escalation strategy did not appear to compromise Quality of Life (QOL). Patients started on 80mg for the first week with weekly dose escalations in the absence

of significant drug-related toxicities. Median Overall Survival was improved in Arm A vs. Arm B (9.8 mos vs. 6.0, $p=0.12$). Median Progression Free Survival (PFS) was 2.8 mos vs. 2.0 mos, respectively ($p=0.38$). Austin Cox, PharmD, shared an example of how this new dose escalation treatment approach was

PQI PROCESS

IF THE TYPICAL STARTING DOSE OF 160MG PO QD IS WRITTEN, CONTACT PRESCRIBER TO DISCUSS AND POTENTIALLY START PATIENT ON AN ESCALATION SCHEDULE SUCH AS THE ONE DESCRIBED (REDOS TRIAL STRATEGY)



INITIATE PATIENT AT 80MG FOR THE FIRST WEEK OF CYCLE #1



IF NO SIGNIFICANT DRUG-RELATED TOXICITIES, ESCALATE TO 120MG FOR THE SECOND WEEK OF CYCLE #1, OTHERWISE HOLD THERAPY AT CURRENT DOSE



IF NO SIGNIFICANT DRUG-RELATED TOXICITIES, ESCALATE TO 160MG FOR THE THIRD WEEK OF CYCLE #1, OTHERWISE HOLD THERAPY AT CURRENT DOSE



FOR FOLLOWING CYCLES, START THERAPY AT CURRENT TOLERATED DOSE (NO DOSE ESCALATION)

COORDINATE AND ESTABLISH A WEEKLY FOLLOW UP CALL WITH THE PATIENT OR CAREGIVER FOR THE FIRST 8 WEEKS

MONITOR BASELINE LFTs

EDUCATE PATIENTS ON SIDE EFFECTS AND REPORT ADVERSE EFFECTS TO PRESCRIBER AND RECOMMEND DOSE ADJUSTMENTS IN 40MG INCREMENTS AS TOLERATED



AUSTIN COX, PHARM D

addressed by means of the PQI and how it benefited a patient. In the past, his patients experienced difficulties in reaching the second cycle when they initiated at the full 160mg daily dose for cycle one. One Thursday afternoon, Austin received a prescription for regorafenib written for 160mg daily for three weeks on, one week off. With the awareness he gained from the PQI, Austin engaged the Alabama Oncology medically integrated team to consider a dose escalation as a potential means for improved tolerability. As nurse Carla Langner, RN, BSN, approached the case she stated that, "Generally, when we have a patient call in with an issue we often see the notes that

the pharmacist has put in already which helps us deliver tighter, more timely care." The team discussed the data contained within the ReDOS trial and utilized the Regorafenib PQI as reference to the literature supporting the recommendation. After quick and thorough consideration, the prescriber agreed and approved the new dosing strategy. The next day, the medication was approved by the insurance and the patient received delivery of the drug via courier before the weekend. Following the weekly titration guidelines, this patient tolerated the new medicine and was able to reach the second cycle and beyond.

WEEKLY FOLLOW-UP FOR THE FIRST EIGHT WEEKS OF THERAPY

For patients on regorafenib the median time to the first adverse event was two weeks with worst incidences occurring at three weeks. The worst severity of diarrhea occurred at four weeks. Increases in LFTs usually occur within the first eight weeks of therapy. These factors illustrate how a weekly follow-up plan with the patient can more effectively address the AEs as they arise. Both Nebraska Cancer Specialists and Alabama Oncology have instituted a weekly follow-up call to the patient for at least the first six weeks of regorafenib therapy. These calls help to assess adherence, and proper management of side effects before they progress and warrant a visit to the office, urgent care, ER, or hospital admission.

In another example at Alabama Oncology, a patient was escalated from 120mg to 160mg and experienced some hand-foot skin reactions (HFSR). During a follow-up call, pharmacist Austin Cox, PharmD, worked with Dr. Brian Adler to address

the new side effect by lowering the dose back to 120mg. The patient did well on that dose and after full resolution of symptoms, the multidisciplinary team was able to coordinate a refill for the full dose of 160mg which the patient was able to tolerate thereafter. By working together to manage concerns in a timely manner, the practice was able to help the patient tolerate the recommended dose for efficacy and ensured the best chance to succeed on oral therapy.

Michael Brodersen, PharmD, shared a similar experience with a patient at Nebraska Cancer Specialists when escalating from 120mg to 160mg. In his experience, "most patients do well when titrating from 80mg to 120mg but the transition from 120mg to 160mg can be more challenging." In one patient example, the multidisciplinary team was able to collectively develop a specific plan for that individual patient case. Upon calling for refill at day 21, pharmacy technician Andrea Nelson



identified that the patient was complaining of dry skin issues so she transferred the call to pharmacist Michael Brodersen, PharmD, who provided further symptom management and education. In this case, Brodersen's professional judgement led him to discuss the case further with Nurse Practitioner Katie Ruch, MSN, APRN-NP, AOCNP. In their practice, the Advanced Practice Providers like Ruch often assist with toxicity checks.

Together, she and Michael tailored a specific plan for that patient for Cycle #2. According to Brodersen, "With our tighter control around doses and the quantity of drug dispensed, the medically integrated pharmacy team was able to deliver a patient-centric plan that improved the outcome and also saved money."

SUPPORTIVE CARE MEASURES

The Regorafenib PQI reminds clinicians of the need for prophylactic moisturizing cream, for example, a Urea 20% (or greater) cream. Use of anti-diarrheal medications is also included as part of the recommendations and urges patients to obtain loperamide at local drug store, prescribed diphenoxylate/atropine, and in some cases included in the initial dispensing to the patient. Other supportive medications like ondansetron, prochlorperazine, adequate hydration and skin care are regularly discussed as well. Patients are encouraged to track their blood pressure and also open bottles one at a time and keep in original packaging to account for drug stability. Knowledge around these preventative measures can help the medically integrated team to deliver quality care. "Although these interventions may not guarantee a better outcome," nurse case manager Sam Young, BNS, stated, "it gives the patient a better chance for a positive outcome."

PATIENT-CENTERED ACTIVITIES

- PROVIDE NCODA ONCOLOGY CHEMOTHERAPY EDUCATION (OCE) SHEET (WWW.ORALCHEMOEDSHEETS.COM)
- PROVIDE PATIENT STARTER KIT (NCODA TREATMENT SUPPORT KIT)
- ENSURE PATIENT KNOWS DOSING SCHEDULE (ONCE DAILY FOR THREE WEEKS ON AND ONE WEEK OFF)
- ENSURE PATIENT KNOWS TO TAKE DOSE WITH A LOW-FAT MEAL (<600 CALORIES AND 30% FAT)
- ONLY OPEN ONE BOTTLE OF REGORAFENIB AT A TIME. MEDICATION EXPIRES SEVEN WEEKS AFTER BOTTLE IS OPENED
- ENSURE PATIENT OR CAREGIVER IS ABLE TO TAKE AND RECORD BLOOD PRESSURE AT HOME DAILY RECOMMEND ANTI-DIARRHEALS AND MOISTURIZING CREAM I.E UREA 20%
- PROVIDE INFORMATION ON COPAY FINANCIAL ASSISTANCE AVAILABLE FROM MANUFACTURER AS APPROPRIATE

“ IT GIVES THE PATIENT A BETTER CHANCE FOR A POSITIVE OUTCOME.

IMPLEMENTATION AND IMPACT OF THE PQI PRINCIPLES

Implementation of the PQI into the workflow at these two cancer centers varies much like it does across the country. Research has revealed that the key component is not necessarily the document itself; instead, the principles contained within the NCODA PQI are most critical. This clinical guidance information can originate from any professional, but it should always be communicated across the wider team in an effort to exchange consistent strategies and effective practices. NCODA is accepting qualified authors who are eager to highlight a critical aspect of patient care by writing and sharing their clinical experience in a new PQI.

Apply to author or review a PQI by emailing: Contact@NCODA.org

At both interviewed practices, implementation of the Regorafenib PQI from the pharmacy team has led to a 100% adoption of the dose escalation strategy. According to Michael Brodersen, PharmD, "This helps with the conversation of the efficacy vs. safety and has resulted in improved patient outcomes." In general, Michael often obtains his knowledge around oral medications from the PQIs and then communicates that information to the rest of the team. Over time, he has gained trust from providers, nurses, and patients alike because of the high clinical acuity contained within the information he provides to them. Medical Oncologist Dr. Timothy Huyck stated, "Our pharmacist Michael

has been a resource in terms of teaching me things and also in getting these oral oncolytics out to patients and they sing his praises all the time. He is one of the most valuable resources we have in this practice". Through the exchange of clinical guidance information contained within the Regorafenib PQI, Dr. Huyck has recognized the value of the resource and adds that, "PQI is something we can support."

“ THE REGORAFENIB PQI HAS LED TO A 100% ADOPTION OF THE DOSE ESCALATION STRATEGY AT THESE TWO, LEADING ONCOLOGY PRACTICES.

Despite the fact that pharmacists are designated as the medication experts, the pharmacy team isn't the only location where PQI principles can be applied. APP Katie Ruch utilizes the prescribing information approved by the FDA to educate herself and her patients about a drug. "I like to bypass the marketing and other potentially-biased information that the manufacturers provide," she said. Ruch recognizes how the PQI also achieves that goal. Moving forward, she is now aware of the ease of access of the PQI clinical guidance documents on the website at www.NCODA.org/pqi and will be utilizing them often. Nurse case manager Sam Young, RN, keeps a folder of PQIs saved in digital format on her computer for ease of access.

“ PQI IS SOMETHING WE CAN SUPPORT.

At Alabama Oncology, pharmacist Austin Cox, PharmD, has shared a similar experience in enhancing trust from colleagues across his organization by delivering timely and relevant clinical information that improves outcomes. "We've created a feeling of team-unity through case by case examples and assisting patients." As part of their implementation, they have added the PQI website link to the internet browsers on staff computers and also have a binder in the various offices, for example for the nurses, which contain printed versions of the both the PQIs and the NCODA Oral Chemotherapy Education (OCE) sheets.

IMPORTANT NOTICE:

National Community Oncology Dispensing Association, Inc. (NCODA), has developed this Positive Quality Intervention in Action platform. This platform represents a brief summary of medication uses and therapy options derived from information provided by the drug manufacturer and other resources. This platform is intended as an educational aid and does not provide individual medical advice and does not substitute for the advice of a qualified healthcare professional. This platform does not cover all existing information related to the possible uses, directions, doses, precautions, warning, interactions, adverse effects, or risks associated with the medication discussed in the platform and is not intended as a substitute for the advice of a qualified healthcare professional. The materials contained in this platform are for informational purposes only and do not constitute or imply endorsement, recommendation, or favoring of this medication by NCODA, which assumes no liability for and does not ensure the accuracy of the information presented. NCODA does not make any representations with respect to the medications whatsoever, and any and all decisions, with respect to such medications, are at the sole risk of the individual consuming the medication. All decisions related to taking this medication should be made with the guidance and under the direction of a qualified healthcare professional.

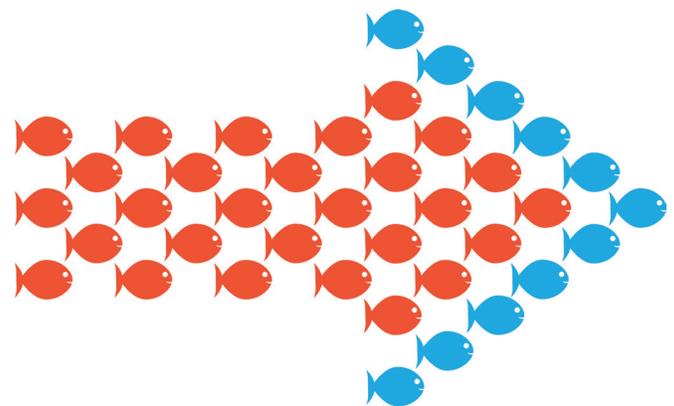
Their goal is to implement the PQI as a standard resource for all staff. Practice President Dr. Brian Adler is helping to champion that effort, "I'm a big supporter of what you're doing with PQIs." Austin Cox, too, is grateful for the tools that NCODA provides that have helped him become a better clinician, "Thinking back, our new start-up pharmacy would have been 100 times better if I initially had these resources like the PQI, Oral Chemotherapy Education Sheets, and Treatment Support Kits. This pharmacy wouldn't be nearly what it is today without NCODA."

*Complimentary Access to all PQIs available at www.ncoda.org/pqi
Complimentary Access to all OCE Sheets available at www.oralchemoedsheets.com*

“ THIS PHARMACY WOULDN'T BE NEARLY WHAT IT IS TODAY WITHOUT NCODA.

In closing, the Positive Quality Intervention resource has brought value to the multidisciplinary care teams at Nebraska Cancer Specialists and Alabama Oncology. Through the NCODA PQI in Action, experts have collaborated to highlight the regorafenib PQI and empower healthcare professionals to deliver higher quality care to their colorectal cancer patients. Through this medium, NCODA brings awareness to the fact that PQIs are publicly available on the website. Furthermore, NCODA recommends a wider adoption of new procedures to utilize clinical guidance information and employ the consistent principles contained within all PQI documents to help professionals to deliver improved outcomes for oncology patients.

— AUTHOR: MATTHEW SCHULZ, PHARM D



Working Together, We Become Stronger

NCODA's
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