



2020 NCODA Fall Summit

# Evolving Roles for Pharmacy Technicians: Oral Adherence

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#NCODASummit20

# What is adherence?



# Adherence =

“The active, voluntary, and collaborative involvement of the patient in a mutually acceptable course of behavior to produce a therapeutic result.”

In other words, it is the **patient’s ability to follow directions** from the physician in order to achieve positive results.

Adherence is a responsibility of the patient and is often reliant upon their understanding of the therapy along with several other factors.



# Non-Adherence =

Examples:

patients miss their refills

they may use less or more than prescribed treatment

use it the wrong way

they may discontinue treatment prematurely

**“As a consequence, substantial numbers of patients do not benefit optimally from medication, resulting in clinical failure.”<sup>3</sup>**



# Importance & Significance

- Doctors diagnose disease and offer treatments
- The patient must play an active role in helping themselves to get better.
- However, they don't have to do it alone!



# Small Community Practice

## Adherence Processes



# The Ghosh Center for Oncology & Hematology

1 MD, 1 NP

- MID – Medically Integrated Dispensing Pharmacy
  - 1 employee – Me
  - All aspects of RX filling: intake, billing, dispensing, counseling
  - Administrative: contracting, reconciling, inventory, accounts payable, recalls
  - Prior Auths, appeals
  - Financial Assistance, A/R accounts
  - Adherence/Compliance program
  - Arranging meetings with Drug Reps/companies, in-service programs
  - Writing new drug fact sheets for our drug reference book
- QS1 RX Billing and POS
  - Oral Oncolytics
  - Hem drugs: anticoagulation therapy
  - Supportive meds: anti-emetics, antibiotics, steroids, AI's
  - OTC section with commonly used drugs: Imodium, stool softeners, vitamin D3, Vitamin B6, Wisconsin Ginseng (anti-fatigue), Omega-3, MagOx, Iron, Probiotics, Calcium



# Small Community – Adherence Process

Once a drug is ordered, it is put into the EMR as a “treatment plan”  
 Cycle 1, day 1 is the day the patient comes in for education with our NP and picks up their RX from me



Hide	Imbruvica - Ibrutinib - 140 mg	1:1	1:3	2:1
	Ibrutinib (Imbruvica) PO	420 mg		420 mg
	Allopurinol ORAL (Zyloprim) PO	300 mg		
	CBC,DIFF,PLT	*		*
	CMP (LabCorp)	*		*
	MAG	*		*
	EKG	Pending		Pending
	MD	Martin99214		GHOSH
	Business Office	Required		
	New Treatment Phone Call		Required	



A “new treatment” follow up phone call is scheduled on their treatment plan. A nurse will call the patient and ask a list of questions. Any concerns and the patient is brought into the office.

# Small Community – Adherence Process

## ZEJULA (Niraparib)

### MEDICATIONS

- Zejula 100 mg capsule – take \_\_\_ capsules (\_\_\_\_\_ mg) once every day (store at room temperature in tight container. Do NOT store in bathroom due to high temperature and humidity.
- May be taken WITH or WITHOUT food. Take with a full glass of water. May be taken at bedtime.
- Take at the same time each day and consistently with or without food.
- If you miss a dose, take your next dose at its regularly scheduled time. DO NOT take 2 doses in one day.
- Swallow Zejula whole
- **Do Not** crush, break or dissolve capsules

### BLOOD MONITORING

- CBC (complete blood count) weekly for the first month, then monthly for 11 months then periodically as determined by physician. CMP (comprehensive metabolic panel) and Lipid profile will be checked once every 28 days or as determined by your physician.

### PROVIDER VISITS

- You will see your provider once every 28 days and as needed in the interim
- You will need to have your blood pressure and pulse monitored monthly for the first year then as determined by your physician.

### PRECAUTIONS

- Talk to your provider before starting any new medications including over the counter medicines, vitamins, and supplements. Certain medications may affect how Zejula works.

### MOST COMMON SIDE EFFECTS OF ZEJULA

- Nausea/vomiting
- Constipation/abdominal distention/pain
- Mouth sores
- Diarrhea
- Fatigue/difficulty sleeping
- Headache
- High blood pressure
- Shortness of breath/cough
- Achiness

### CALL YOUR PROVIDER IF YOU EXPERIENCE-

Weakness feeling tired weight loss frequent infections, fevers shortness of breath blood in urine or stool or easy bruising.

The Ghosh Center has someone on call 24/7 – if you have concerns regarding your oral medication or side effects you are experiencing please call **#319-294-1899**



# Small Community – Adherence Process



## Treatment Plan

ICD 10 \_\_\_\_\_

Patient:

DOB:

Diagnosis:

Screening/Symptoms:

Lab/Tumor Markers:

Intent of Treatment:

Tests/Procedures:

Treatment:

### INSTRUCTIONS FOR TAKING YOUR ORAL TREATMENT

It is recommended that you utilize a medication box that is separate from your other medications and that anyone other than you are handling the drug wear medical gloves.

Do not chew, crush, cut or dissolve your oral treatment.

Special storage instructions- \_\_\_\_\_

Special dosing instructions- \_\_\_\_\_

If you miss a dose of your daily medication, take it as soon as you remember. **DO NOT** take 2 doses in one day, rather document the dates and any doses missed to communicate with us at your next visit.

Bring your chemotherapy medication/empty bottle with you to each visit.

If you see any other health care providers, you must communicate to them that you are taking this medication, as there may be interactions if you are prescribed other medications to take while on this therapy.

Do not take any new over the counter medications while on this therapy without first communicating with a health care provider.

**FOLLOW UP SCHEDULE:**



# Small Community - Adherence Processes

Dispensary collaboration



2020 NCODA Fall Summit

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# Small Community – Adherence Process

March 2020 Washington, D.C. Today 47°F/34°F Tomorrow 48°F/30°F Sunday 48°F/42°F Search BLANK CALENDAR

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Mar 1	2 Patient A - Imbruvica 420mg #28	3	4	5 CHECK CHARTS AND ORDER FOR NEXT WEEK	6	7
8	9	10 Patient B - Ibrance 125mg #21	11 PATIENT C - XTANDI 40MG #120	12 CHECK CHARTS AND ORDER FOR NEXT WEEK	13	14
15	16 PATIENT D - CAPECITABINE 500MG #54	17 PATIENT E - RISQAL/EDMAPA 800MG PATIENT F - TASIGNA 150MG	18	19 NCODA SUMMIT - DALLAS! CHECK CHARTS AND ORDER FOR NEXT WEEK	20	21
22	23	24	25	26 CHECK CHARTS AND ORDER FOR NEXT WEEK	27 PATIENT G - IMBRUVICA 140MG CAPS #60	28
29	30 Patient A - Imbruvica 420mg #28	31	Apr 1	2 CHECK CHARTS AND ORDER FOR NEXT WEEK	3	4

Every Thursday I check charts in my EMR to verify the patient is coming and no changes have been made to their treatment plan. If no changes, I order drug for their next appointment

# Small Community – Adherence Process

The screenshot shows the Outlook interface for a recurring event titled "Patient A - Imbruvica 420mg #28". The event is set to occur every 4 weeks on Monday, starting on 3/2/2020 and ending on 8/17/2020. A 3-day reminder is configured. The "Appointment Recurrence" dialog box is open, showing the recurrence pattern set to "Recur every 4 week(s) on: Monday". The range of recurrence is set to "No end date".

Patient A is taking Imbruvica  
I set it up to reoccur every 4 weeks and  
I also give myself a 3-day reminder just  
in case I miss it when checking charts

# Small Community – Adherence Process

**MyMedSchedule.com** Health Tracker | My Account | Log Out | Help

**Step 2: Select Times & Quantities** English Back to Step 1 Refill Reminders Go to Step 3

Time	Quantity Taken	Medication	Strength/Form	Purpose/Notes
8am 2pm 8pm 3x Daily	1 1 1 3x Daily	<b>Acyclovir</b> <a href="#">Add a Refill Reminder</a>	GENERIC 400 mg Tablet(s)	Purpose (English): TREATS/PREVENTS MOUTH SORES
8am 8pm 2x Daily	1 1 2x Daily	<b>Eliquis®</b> (Apixaban) <a href="#">Prescribing Information</a> <a href="#">Add a Refill Reminder</a>	 5 mg Tablet(s)	Purpose (English): Reduces the risk of stroke, "BLOOD THINNER"
8pm 1x Daily	1 1x Daily	<b>Loratadine</b> <a href="#">Add a Refill Reminder</a>	GENERIC 10 mg Tablet(s)	Purpose (English): TAKE THE NIGHT BEFORE CHEMO
Dosing instructions: TAKE 1 TABLET EVERY 4 HOURS AS NEEDED FOR NAUSEA/VOMITTING OR Free Text		<b>Lorazepam</b> <a href="#">Add a Refill Reminder</a>	GENERIC 0.5 mg Tablet(s)	Purpose (English):
8am 8pm 2x Daily	1 1 2x Daily	<b>Clonidine Hydrochloride®</b> (Clonidine Hydrochloride) <a href="#">Prescribing Information</a> <a href="#">Add a Refill Reminder</a>	GENERIC 0.3 mg Tablet(s)	Purpose (English): Treats high blood pressure
8am 1x Daily	1 1x Daily	<b>Cymbalta®</b> (Duloxetine HCL)	 20 mg Delayed	Purpose (English): Treats mood

# Large Community Practice

## Adherence Processes



# Florida Cancer Specialists (FCS)

**Operates ~ 100 clinics and > 200 doctors**

Rx To Go, LLC: FCS “in-house” pharmacy – extension of clinics’ services

Handles oral oncology/hematology plus supportive care meds

Roughly 100 employees divided into multiple teams:

- Compliance
- Intake
- Prior Authorization
- Patient Advocate
- Revenue
- Dispensing
- Adherence
  - Introduces patients to pharmacy adherence program and completes adherence assessments with each dispense
- Clinicians
  - Completes Oncology Care Plans after techs schedule delivery



# Large Community – Adherence Processes

- ONCO EMR
- CPR+ (RX Dispensing software)
  - Pulls patients into the refill queue when they are due for a refill within 8 days
  - Based upon day supply (assessments completed every 3 weeks, 30 days, etc.)
- ORCA (Patient Management software)
  - Linked with CPR+
  - Creates assessment form as soon as the medication appears in CPR+ queue
- Tools used in conjunction with standard workflow:
  - Can create “To-Do” in CPR+ for one-time events
  - Shared Outlook Calendar with recurring events



# ORCA Event Layout for Adherence Technicians

Events x

Manage Events | Layout Utilities

Events: Create New Event, Cancel Selected Events, Open Selected Patients in Tab, Refresh Event Data

Groups: Expand Groups, Collapse Groups

Data Tools: Filter Editor, Column Chooser

Event Selection: Show Events Through (10/14/2020), Show Completed and Cancelled

Grid Options: Quick Filter, Search Area, Group Area

Layout Selection: Select Layout to Display (ADH Scheduling Layout (Shared))

Drag a column header here to group by that column

#	Order STAT	Queue	LANGUAGE	Patient ...	Next Ac...	Da...	Call Preferences	Last Action	Next Action	Order Description	Insurance Type	Form Name
46	No	B	English	INT Team	10/14/2020	✓ 5		Refill Call	Scheduled Call-	XtANDI Oral Capsule 40MG Capsule PO	Anthem Medicare D	Sched-Refill Assessment
47	No	B	English	INT Team	10/14/2020	✓ 5		LVM 1	Call pt back.	Varubi Oral Tablet 90MG Tablet PO	Ambetter Sunshine Hea...	Sched-Refill Assessment
48	No	B	English	INT Team	10/14/2020	✓ 6			Insurance Verificati...	ImBRUvica Oral TABLET 420MG / 28ct...	Wellcare Medicare D - C...	Sched-Refill Assessment
49	No	B	English	INT Team	10/14/2020	✓ 6			INT Verification ...	Capecitabine Oral Tablet 500MG/Acco...	Medicare Part B - ZirMed	Sched-Refill Assessment
50	No	B	English	INT Team	10/14/2020	✓ 6		RTS	Call pt back.	Varubi Oral Tablet 90MG Tablet PO	Caremark	Sched-Refill Assessment
51	No	B	English	INT Team	10/14/2020	✓ 7		Refill Call	Call pt back.	Varubi Oral Tablet 90MG Tablet PO	BCBS of FL - Prime	Sched-Refill Assessment
52	No	B	English	INT Team	10/14/2020	✓ 7		Refill Call	Call pt back.	Deferasirox Oral Tablet 360MG Table...	Anthem Medicare D	Sched-Refill Assessment
53	No	B	English	PA Team	10/14/2020	✓ 7	Tx 10/21	Refill Call	PA Completed	Varubi Oral Tablet 90MG Tablet PO	Sunshine Medicaid - En...	Sched-Refill Assessment
54	No	B	English	INT Team	10/14/2020	✓ 7		Refill Call	Insurance Verificati...	Capecitabine Oral Tablet 500MG Tabl...	Medicare Part B - ZirMed	Sched-Refill Assessment
55	No	B	English	INT Team	10/14/2020	✓ 7		No call required	Scheduled Call-	Aprepitant Oral Cap 125MG & 80MG ...	Magellan	Sched-Refill Assessment
56	No	B	Spanish	INT Team	10/14/2020	✓ 8				Deferasirox Oral Tablet 360MG Table...	BCBS of FL - Prime	Sched-Refill Assessment
57	No	B	English	INT Team	10/14/2020	✓ 8				Capecitabine Oral Tablet 500MG/Acco...	Medicare Part B - ZirMed	Sched-Refill Assessment
58	No	B	English	INT Team	10/14/2020	✓ 8				Dexamethasone Oral Sol 0.5MG/5ML ...	Secure Horizons Med D ...	Sched-Refill Assessment
59	No	B	English	INT Team	10/14/2020	✓ 8				Ibrance Oral TABLET 75MG Tablet PO	Secure Horizons Med D ...	Sched-Refill Assessment
60	No	B	English	INT Team	10/14/2020	✓ 8				Xeloda Oral Tablet 150MG Tablet PO	OptumRx-UHC	Sched-Refill Assessment
61	No	B	English	INT Team	10/14/2020	✓ 8				Xeloda Oral Tablet 500MG Tablet PO	OptumRx-UHC	Sched-Refill Assessment
62	No	B	English	INT Team	10/14/2020	✓ 8				Capecitabine Oral Tablet 500MG/Acco...	Medicare Part B - ZirMed	Sched-Refill Assessment
63	No	B	English	INT Team	10/14/2020	✓ 8				ZyTIGa Oral Tablet 250MG Tablet PO	Wellcare Medicare D - C...	Sched-Refill Assessment
64	No	B	English	INT Team	10/14/2020	✓ 8				ProMACEA Oral Tablet 12.5MG Table...	SilverScript Medicare D	Sched-Refill Assessment

# Large Community – Adherence Processes

1. Review notes in EMR
  - Check for dose changes, therapy changes, med on hold, scans, etc.
2. Call patient to review case
  - Set script / questions
  - Confirm dose / directions
    - Any changes, contact clinic for new prescription
  - Review missed doses and why
  - Review quantity on hand and compare against expectations based on last dispense
3. Referral to Pharmacist
  - Side effect management
  - Drug interactions
  - Other questions related to the drug



# Adherence Interview Script

Test, Patient (200202)

Sched-Refill Assessment (Inqovi Oral Tablet 35MG/100MG Tablet PO)

### 1. Refill Verification Checkpoint

<b>Refill Checkpoint</b> Do you need a refill?	<b>Refill Checkpoint</b> * <input type="radio"/> Yes <input type="radio"/> No
<b>Dose Verification Checkpoint</b> Has the patient's dose decreased?	<b>Dose Verification Checkpoint</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Directions- Checkpoint</b> Is the patient taking medication(s) as prescribed? Medication: Inqovi Oral Tablet 35MG/100MG Directions: ([Order directions line 1]-NO DATA RETURNED)([order directions line 2]-NO DATA RETURNED)([order directions line 3]-NO DATA RETURNED)	<b>Directions- Checkpoint</b> * <input type="radio"/> Yes <input type="radio"/> No
<b>New Medications Checkpoint</b> ***Have you discontinued or started any new medications, including any supplements in the last 4 weeks?***	<b>New Medications Checkpoint</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Missed Doses Checkpoint</b> Have you missed any doses this month?	<b>Missed Doses Checkpoint</b> <input type="checkbox"/> Yes- Please explain: <input type="checkbox"/> No
<b>Zero Quantity On Hand-Check Point</b>	<b>Zero Quantity On Hand-Check Point</b>

### 2. Quality of Life Checkpoint

### 3. Facility Checkpoint

### 4. Address and Copay Checkpoint

Full Prompt On

Save Form Complete Form

# Barriers to adherence

Once you identify the barrier,  
you can begin helping the patient.



# Barriers to adherence

- Physical
- Financial
- Emotional
- Educational



# Physical Barriers and Solutions

Patients may experience **side effects** from their medication which cause them to not take their medications. This usually requires counseling from a clinician.

The patient may need to alter the dose, change other lifestyle habits, or change therapy completely.

For example:

- if feeling tired
- If sick / nauseous
- If Hand-Foot Syndrome or general dryness



# Financial Barriers and Solutions

Patient concerned about the **price of the drug** compared to the price of other essential needs such as food, clothes, shelter, etc.

Help the patient look for financial assistance options before they ever run into payment issues:

- Copay cards
- Grants from local or national foundations
- Free drug programs through manufacturers



# Emotional Barriers and Solutions

## Common issues:

- Hassle to take medication
- Feel like a burden for those around them.
- Depression and anxiety are common

We want to keep the patient energized and in good spirits throughout the journey with cancer.

- You can remind the patient that you honestly care about them
- Close friends and family may need to encourage the patient daily, but keep in mind that they can also become overwhelmed.
- Patients may also require additional counseling from a professional outside your organization.



# Educational Barriers and Solutions

Patients may not completely understand how or why they take their medications.

- Polypharmacy
- Language barriers or people who are not able to read.
- Lack ability to recollect details.
- Great tools/methods to use:
  - Pill caddies
  - Document doses taken - calendar or journal
  - Blister-packaging
  - Reminders on their phones
  - A daily schedule or routine

# Implementation

What might prompt an adherence check for a patient?

Use *open-ended* assessment questions:

1. “How are you taking your medication?”
2. “How many pills do you have at home?”
3. “How many doses have you missed since your last fill?”



# Summary



Adherence is the patient's ability to follow through with instructions provided by the physician for the duration of treatment



Providers and pharmacies have a vital role in tracking and identifying adherence issues



By correctly identifying barriers to adherence for each patient, you can provide real-time solutions and help improve patient outcomes



# Special thanks to NCODA

Connecting colleagues to exchange effective practices that improve patient care!



# Open discussion with audience

What do you do for adherence?

To continue this conversation, please take it to the NCODA Website

- Member Resources
- Discussion Board
- Join OPTA



# References

1. Delamater AM. Improving patient adherence. Clin Diabetes. 2006; 24: 71–77.
2. Meichenbaum D, Turk DC. Facilitating Treatment Adherence: A Practitioner’s Guidebook. New York, NY: Plenum Press; 1987.
3. Hugtenburg, Jacqueline G et al. “Definitions, variants, and causes of nonadherence with medication: a challenge for tailored interventions.” Patient preference and adherence vol. 7 675-82. 10 Jul. 2013, doi:10.2147/PPA.S29549

