



National Community Oncology  
Dispensing Association, Inc.  
PASSION FOR PATIENTS

## CASE STUDY

# S.C. Oncology Retail Pharmacy The Ultimate Goal – Getting Specialty Medications into the Hands of the Patients: Strategies for Navigating the Maze

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**S. C. Oncology Retail Pharmacy**

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# **The Ultimate Goal—Getting Specialty Medications into the Hands of the Patients: Strategies for Navigating the Maze.**

**By: Janis L. Montgomery, Pharm D**

At South Carolina Oncology Associates (SCOA) we have a multidisciplinary team approach to taking care of patients. Our Team is comprised of like-minded professionals with the patient's best interest in mind. Pharmacy, Social Work, Triage and Nursing are the key departments that make our complicated processes work, and because of the overall efficiency we've been called a "well-oiled machine". Education and access are two important factors in our continued success. All staff members, from the oncologist to the scheduler, are trained to recognize the specialty medications and be familiar with all the steps that ultimately *get the medication into the hands of the patients*.

The Team has many goals but the education and financial outcomes drive them every day. One important question we ask is whether the patient has a "teaching visit" scheduled? This "teaching visit" is an opportunity to educate the patient and their family members on how to take their new medication and the side effects. The Pharm Ds at SCOA are Certified Risk Management Counselors. They are responsible for the REMS Programs associated with Revlimid, Thalomid and Pomalyst as well as providing FDA mandated information to the patient and completing the consent requirements. SCOA's two teaching nurses have the duty of educating all the other patients in the clinic on intravenous and oral therapies.

South Carolina Oncology Associates' philosophy of continuity of care is a proven concept. Patients who obtain their medication from their doctor's office have an increased adherence rate (1) and the timeliness of obtaining their medication is greatly improved –both factors directly impact the outcomes for the patient. A 2010 Harvard Medical School study revealed that 20% of patients that walk out of their doctor's office never get their prescriptions filled (1). One of the tenants of cancer treatment, as with any chronic disease, is the earlier the diagnosis and treatment the better the results.

SC Oncology Retail Pharmacy is SCOA's Specialty Pharmacy. It is licensed by the South Carolina Board of Pharmacy and by the state and federal DEA to dispense control substances. The Pharmacy Team consists of Pharm Ds and CPHTs that are well versed in the clinical aspects of

specialty medications as well as the numerous programs such as copay cards, trial cards, foundations and patient assistance available to our patients.

## **URAC ACCREDITATION**

S. C. Oncology Retail Pharmacy foresaw the changes occurring in Specialty Pharmacy (SP). To stay current and compete in the marketplace Accreditation had to be our goal for the future. We chose URAC because of its high standards and respected name throughout the SP community. We knew from the beginning that our pharmacy provided great care and service to our patients.

Accreditation was the mechanism to prove it!

URAC is the acronym for Utilization Review Accreditation Commission. URAC accredits organizations such as health plan, pharmacies and provider organization. The review is a high level evaluation of the organizations systems, processes and performance. The rigorous process begins with a desktop submission of Policies and Procedures followed by an on-site visit by a URAC reviewer to the applicant's facility. An independent committee makes the final determination to award the accreditation.

The entire retail staff of S. C. Oncology Retail Pharmacy worked diligently on complying with the URAC published standards. The process is much like a Joint Commission inspection but in the Specialty Pharmacy setting. Compared to most specialty pharmacies we have a very small staff. We interface with other departments for their expertise in a particular area. As mentioned the SCOA Team all work together and complement each other's departments.

Many hours were spent writing policies and laying the groundwork. The overall feeling was "we can't possibly do this". It was a huge undertaking. We were all working our day-to-day tasks and then after we closed we started working on URAC. We needed help! We engaged a consultant firm. They expertly assist organizations reach their goal of URAC accreditation as well as other accreditations. That was a very wise move! The challenge here was we didn't fit into the standard Specialty Pharmacy (SP) mold. It seemed every way we turned we faced obstacles. We persevered!

One of the biggest challenges was from an administrative standpoint. We realized that the Pharmacy could not manage an oral adherence program as outlined in the standards. It meant adding another employee. As luck would have it one of our oncologists was retiring and his nurse needed a job. She was perfect for the position and thrilled to have the opportunity to spearhead the new program. Initially we used three systems to obtain all the information necessary for the Oral

Adherence Program. Therigy was one of the systems. Therigy has a very comprehensive oncology program for accessing oral adherence. It met all the criteria and then some. We subscribed for about 12 months. The entire consultant staff at Therigy is top notch. Our long term goal was to develop our own oral adherence program. Lea Moser, RN Director of Clinical Services and our OncoEMR guru had a plan. She envisioned an adherence program as part of our EMR. Lea successfully developed the Oral Adherence Program we currently use in OncoEMR.

One more trial had to do with the Quality Measures requirement. We were required to have phone stats. You would think phone stats could be easily obtained. Not with our current phone system. We approached URAC about waiving this requirement. It was a no go! We could opt to get dinged on that part of the score. We could not afford to do that and possibly fail the accreditation. It took a lot of back and forth with SCOA Administration and our IT Department. Ultimately we had to add software that would capture the needed data.

The review day arrived. It was a grueling day. We pass with a very good score and a huge sense of accomplishment. After the dust settled and we mentally and physically recovered we were left with a new level of respect for our abilities as clinicians. We stretched ourselves beyond what we thought we could do. We honed our processes, improved our clinical skills, added new programs and redefined roles. We take better care of our patients as a result of URAC. Thank you URAC for helping us reach a high and lofty goal – Accreditation.

Achieving URAC Accreditation was a glorious day at S.C. Oncology Retail Pharmacy. We received full accreditation for 3 years in March 2016.

### **THE SPECIALTY MEDICATION PROCESS**

The Pharmacy acts as the hub for the specialty medication processes within the practice. A patient with a new specialty medication is instructed to take the prescription to the pharmacy or it may be e-prescribed. It is important that the pharmacy has a one-on-one conversation with the patient to make sure four key elements are covered:

- Insurance – to set-up pharmacy benefit in QS-1.
- Clinical Review – review medication list and allergies.
- Processes --discuss the steps to obtaining the medication and how long it will take.
- Teaching Visit – to ensure the “teaching visit” is properly scheduled.

Ninety to ninety-five percent of the prescriptions for specialty medications require a prior authorization. Prior authorizations (PAs) are part of the everyday routine. We inform our patients that this is part of the process and it takes 2-5 business days for their insurance company to complete the approval. The request is then sent to our Triage department. Much of the paperwork for PAs has been streamlined and is online but the waiting can cause a lot of angst for our patients. Often times the Pharmacy does not know if they will be able to adjudicate the claim until the drug is authorized. Once the PA is in place the Pharmacy may be required to send the prescription to the designated specialty pharmacy -- which leads to more waiting and more anxiety for the patient! Mail order pharmacies on average deliver to patients in 7-10 days. S.C. Oncology Retail Pharmacy's turnaround time is 24-48 hours.

If SC Oncology Retail Pharmacy can fill the prescription the next potential hurdle is the cost to the patient. Mail order pharmacies have this same hurdle. The staff at SCOA is better suited to help the patient in this area in that they are an extension of the physician and a trusted member of the SCOA Team. SCOA also provides a more comfortable, safe and secure environment to discuss financial matters with the patient versus a mail order pharmacy where much of the contact is via telephone or mail.

### **ASSISTANCE PROGRAMS, COPAY CARDS AND CHARITABLE FOUNDATIONS**

Another important question we must ask is "Did the patient pay the least amount possible for their medication?" The staff of the pharmacy is constantly searching for programs to reduce the copay or co-insurance for each patient. The assistance programs have many creative ways to assist patients (i.e. free starter packs, first month free programs, a trial supply, etc.) in addition to the traditional copay cards. Our pharmaceutical partners offer the assistance programs and generously contribute to charitable funds to help needy patients—in particular Medicare and Affordable Care Act (ACA) insured patients.

The 501(c)(3) charitable foundations play a vital role in assisting patients obtain specialty medications. They are the life-line for our Medicare Part D population. Without assistance from Foundations such as Patient Access Network, Patient Advocate, Cancer Care, and Good Days our patients could not afford the innovative specialty medication they are being prescribed. Twenty-five percent of the 800 new compounds in cancer research are oral formulations. (2) It is imperative that the Foundations continue their funding and support to assist our patients who are taking these innovative oral specialty medications.

Patients must qualify for a foundation grant by meeting the criteria set up by each entity. Foundation funds are granted based on diagnosis and financial need. SCOA recognized early-on the importance of social workers in this step of the process. Their training uniquely qualifies them to assist patients find programs that meet their needs. The social workers at SCOA are masters-prepared licensed medical social workers. They are well versed in the many social programs available as well as understand the mechanics of the Affordable Care Act and Medicare. The Social Work part of the Team has led the charge in accessing foundation assistance. In the last 6 months the SCOA Team has helped patients access over 500 grants, copay cards and patient assistance programs thereby easing the financial burden on patients and families.

The Medicare Part D gap in coverage, also referred to as the “donut hole”, is a major stumbling block to getting patients their medications. Patients have stated countless times they would rather die than exhaust their savings and leave their spouse destitute after they pass away. Who can afford \$8000 for a prescription! The Foundation grants have been essential in helping to remove this barrier to subpar therapy or no therapy at all.

### **SCOA Cares -- 501(c)(3) CHARITABLE FOUNDATION**

SCOA's CEO Frank Sobash forecasted the need for a benevolent fund in 2001. In 2003 SCOA Cares a 501C3 charitable foundation was chartered. The foundation is sanctioned by the IRS and has oversight from the Board of Directors. In 2010 SC Oncology Retail Pharmacy received an annual grant to assist our patients in obtaining much needed medications. The primary funding for specialty medications comes from the large foundations while South Carolina Oncology's foundation acts to fill the gap.

SCOA's 501c3 foundation is funded by charitable donations from the staff at SCOA and the community. Fundraisers are on-going and include bake sales, golf tournaments, annual casino nights and jean days at SCOA. The most heart-warming example of fundraising is our COO's two small children, Avery and Reese, who baked cookies and raised \$500 for SCOA Cares. Our foundation is not a multi-million dollar endeavor. The medications our foundation assists with are not the expensive specialty drugs but other needed medications such as pain medications, anti-nausea drugs, antibiotics to name a few that patients may not be able to afford. Recently we assisted a patient with his Prednisone (a very important component to his Prostate Cancer regimen) because he did not have enough money in his pocket to pay even a few dollars for his medication. More than likely he would never have gotten the prescription filled if he had left the clinic without

this medication and his overall health and survival would have suffered. Another impactful example details a patient's generic prescription for Capecitabine. The cost was a huge financial hardship for him. The patient received a one-time grant from SCOA's charitable foundation so he could start his medication to coincide with his radiation treatment. This allowed time for the patient's family to make arrangements to assist him the next time he needed his prescription filled. SCOA Cares has assisted hundreds of patients over the last 6 months gain access to needed medication that the big foundations do not cover.

## **ORAL ADHERENCE PROGRAM**

Oral Adherence programs are a proven strategy to increasing compliance with specialty oral medications. (3) In a 2012 compelling white paper, Arias-Llorente, et al determined that following up with chronically ill patients (CF in this study) was a key element to keeping patients on therapy and on track with return appointments. (4) A prime example -- a recent adherence call from our oral adherence nurse discovered that the patient thought her specialty medication was to be taken like an antibiotic. She took the 14-day course of therapy and then stopped. The nurse was able to re-educate the patient and get her back on track. The Adherence Program has a few notable features. At the "teaching visit" the education nurse informs the patients that a nurse will be contacting them in 1-2 weeks regarding their medication. Pam Posey, RN OCN our oral Adherence nurse makes every effort to meet the patients at the teaching visit. Pam later calls the patient and reviews key points of their oral therapy.

- Is the medication correct for their diagnosis?
- Is the dosing accurate?
- Is the patient taking the medication as prescribed?
- Is the patient experiencing any side effects?
- Are they storing the medication correctly?

Pam troubleshoots many of the side effects but occasionally she consults with the patient's oncologist. She also reviews lab work and confirms the patient's next appointment. Pam schedules calls on an on-going basis and continues with follow-up on an as needed basis as much as 3 month to one year out. The Pharmacy Department oversees the Oral Adherence Program. They determine compliance using the above adherence criteria and an audit process. The information is reported to the Quality Improvement Committee.



## SUMMARY

In summary, S. C Oncology Retail Pharmacy serves as the hub for the lengthy, multi-step, and confusing processes for obtaining specialty medication. The major ingredients to our success are educating the staff, incorporating a multidisciplinary team approach and implementing an oral adherence program. The most central mindset is to keep the patient at the forefront of all decisions. Our pharmaceutical partners and allies and the large charitable foundations are also valuable partners in helping us accomplish our ultimate goal –*getting specialty medications into the hands of our patients.*

- (1) Pauline Chen, *When Patients Don't Fill their Prescriptions*, N.Y. Times (May 20, 2010), available at [https://www.nytimes.com/2010/05/20/health/20chem/html?\\_r=0](https://www.nytimes.com/2010/05/20/health/20chem/html?_r=0).
- (2) Medicines in Development for Cancer: A report in Cancer (2015) <https://pharm.org>.
- (3) Boyle, D and Bubalo, J, *Enhancing Patient Adherence to Improve Outcomes with Oral Chemotherapy*: US Pharm. 2007, 32 (10)(oncology suppl):1-8.
- (4) Rosa Patricia Arias-Llorente, Carlos Bousoño García and Juan J. Díaz Martín (2012), *The Importance of Adherence and Compliance with Treatment in Cystic Fibrosis, Cystic Fibrosis - Renewed Hopes Through Research*, Dr. Dinesh Sriramulu (Ed.), ISBN: 978-953-51-0287-8, InTech, Available from: <http://www.intechopen.com/books/cystic-fibrosis-renewed-hopes-through-research/the-importance-of-adherence-and-compliance-with-treatment-in-cystic-fibrosis>.