NCODA QUALITY STANDARDS – IMPLEMENTING TO IMPROVE CANCER CARE

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OBJECTIVES

• Identify the differences between ASCO/QOPI versus NCODA quality standards
• Identify gaps of the QOPI certification
• Identify how QOPI certification is enhanced with NCODA quality standards
QOPI CERTIFICATION OVERVIEW
Anne Chapman, American Society of Clinical Oncology
QOPI® CERTIFICATION OVERVIEW

• Three-year certification recognizing exemplary commitment to safety and quality in oncology patient care through:
  • Compliance with 100% of the QOPI® Certification Standards
  • On-Site survey of practice operational guidelines, procedures and documentation
  • Active engagement in quality improvement process

• A Demonstration of Quality – Benchmark against national standards and demonstrate improved standards and processes to safeguard both practice and patients.

• Over 300 Certified practices worldwide

  Roughly 1/3 of NCODA member practices are QOPI® Certified!
Two IV patients will be selected for observation.

- Ideal patients are 2-4 cycles into treatment, and will consent for observation
- Oral chemotherapy patients will be selected separately and reviewed for documentation compliance only

Surveyors will review/observe:

- Chemotherapy Orders
- Preparation of chemotherapy
- Administration of chemotherapy
- Post-chemotherapy care including discharge instructions
STANDARDS OVERVIEW

• Domain → Standard → Element(s)
• 28 Total Standards
  • Policy
  • Process
  • Patient Documentation
• Certification Standards and Manual
  • https://practice.asco.org/quality-improvement/quality-programs/qopi-certification-program/about-qopi-certification
STANDARDS OVERVIEW

**Domain 1:** Creating A Safe Environment – Staffing and General Policy
Defines staff qualifications, minimum chart documentation requirements, defines relevant patient resources, and policies for patient documentation and follow-up.

**Domain 2:** Treatment Planning, Patient Consent and Education
Defines requirements for consent and education processes prior to treatment.

**Domain 3:** Ordering, Preparing, Dispensing and Administering Chemotherapy
Defines requirements for chemotherapy order set, order verification, labeling and safe handling, and extravasation management procedures.

**Domain 4:** Monitoring After Chemotherapy is Given, Including Adherence, Toxicity and Complications
Defines requirements for emergency management, monitoring and care of toxicities, and oral chemotherapy adherence.
NCODA QUALITY STANDARDS

1. Patient Centered

2. Positive Quality Interventions

3. Foundational Elements

4. Health Information Technology
PATIENT CENTERED

Linda Frisk PharmD
Arizona Oncology
PATIENT CENTERED

- Focused on providing exceptional patient care
- Organizations should be focused on maximizing patient convenience, providing timely access to treatment, ensuring financial support and delivering individualized patient education
- The patient relationship is one of the most important factors in sustaining and growing an effective medically integrated dispensing (MID) organization
- Direct access for patients to the MID team is required
- Prior to refilling an oral chemotherapy drug, the MID team will review the EMR for clinically relevant information
- Every clinical encounter with a patient will be documented in the EMR
- All aspects of benefit investigation and patient assistance will be coordinated by the MID team
- MID will have a standard operating procedure in place to ensure the proper disposal of patient’s medications and expired drugs

How to access?
www.ncoda.org ➔ About ➔ Quality Standards
NCODA PROVIDES ACCESS TO PATIENT CENTERED QUALITY STANDARDS

• By being part of NCODA you will have access to these Quality Standards and the support of a national team focused on the continuous improvement of efficient oral cancer therapy.

• Improving compliance, interventions and the patient experience throughout cancer treatment is a common goal for all stakeholders involved.

• A hallmark of NCODA practices is the camaraderie and support provided across the network to assist and motivate member practices toward timely implementation of quality systems that ultimately enhance a patient’s oncology journey with oral therapies.

• 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:
  • Confirmation patient received the prescription
  • Start date for the medication.
  • Verifying that the patient understands how to take the medication, including taking with or without food, taking whole or crushing, safe handling and etc.
  • Monitoring of drug toxicity, lab tests and medication changes. Contact provider in timely manner to address potential problems.

• Discussion of any financial issues with the patient and assess the need for increased assistance requirements
POSITIVE QUALITY INTERVENTIONS

Eileen Peng PharmD
Regional Cancer Care Associates LLC
Positive Quality Interventions (PQI) will be performed by the medically integrated dispensing (MID) team. The Electronic Medical Record (EMR), pharmacy software system and other available resources will be utilized to coordinate all aspects of medication dispensing and to ensure patient safety. All PQI’s will be documented in the patient’s medical record to ensure that any pertinent information related to the dispensing of oral medication is continuously tracked and available to MID team.

All PQI’s will be tracked for data collection purposes.

How to access?
www.ncoda.org ➔ About ➔ Quality Standards
POSITIVE QUALITY INTERVENTIONS

1. **Clinical reference tools** – Establish clinical reference tools for oral cancer drugs.

2. **Patient education** – Standardized references. Patient education materials will be at 4th – 6th grade reading level.

3. **Inventory maintenance** – The MID team of an NCODA organization should maintain adequate inventory of oncolytics in order to provide “at-the-ready” dispenses, enabling timely initiation of therapy.

4. **Pharmacist validation prior to dispense** – The MID team should review and validate indication/diagnosis, dosage, treatment schedule, drug interactions, allergies, duplicate therapy, etc.
5. **Patient follow up calls** – It is recommended that the MID team make an outreach phone call to the patient within seven days after dispense in order to follow up on education, compliance, toxicity issues, and address questions.

6. **Safety** – The MID team will verify that a toxicity evaluation and management (E/M) visit with a provider has been scheduled approximately two weeks after initiation of new oncolytic therapy.

7. **Patient assistance** – The MID team will strive to ensure that patients have access to oral cancer medications independent of financial status.
FOUNDATIONAL ELEMENTS

Michael Brodersen, PharmD
NCS Outpatient Pharmacy
Nebraska Cancer Specialists, Omaha, NE
FOUNDATIONAL ELEMENTS

• Mission Statement
  • Your cause
  • Your actions
  • Your impact

• Organizational Chart
  • Administration → Pharmacist → Nursing Staff → Technician → Patient Advocate

• Business Plan
  • Scope
  • SWOT analysis
  • Pharmacy vs. Physician Dispensing
  • Licensing requirements
  • Staffing
FOUNDATIONAL ELEMENTS

• Operational Essentials
  • Policies and procedures
  • GPO affiliation
  • PSAO affiliation/Payer Contracting
  • Accounting
  • Logistics

• Physical Space
  • Accessible for patients
  • Need to account for…
    • Workstations
    • Counter space
    • Counseling area
    • Inventory (ambient temperature and refrigerated products)
FOUNDATIONAL ELEMENTS

• Hardware
  • Computers, monitors, phones, printers, POS

• EMR and Dispensing Software
  • Integration
  • Reporting
  • Templates

• Communication Plan
  • Marketing
  • Staff education
  • Interdepartmental correspondence

• Standard Operating Procedures
  • Training
  • Audit preparedness
  • Inventory management
  • Continuous quality improvement (CQI)
  • Etc.
FOUNDATIONAL ELEMENTS

• Process Flow
  • Step by step
  • Tree Algorithm
    • Prescription → Prior Auth → Co-Pay Asst → Dispense → Adherence/Toxicity Check → Refills
  • Communication

• Track progress
  • Establish a timeline with goals
  • Utilize checklists and/or spreadsheet

• Ask for guidance
  • NCODA networking
HEALTH INFORMATION TECHNOLOGY

Howard Cohen RPh, MS, FASHP
Director, Oncology Pharmacy Services
Smilow Cancer Hospital of Yale New Haven Health
Oncology specific Electronic Health Records (EHR) provide a robust infrastructure of collecting patient data and support the quality improvement initiatives of QOPI. Real time abstraction of data through EHR can allow practices to benchmark their own data for improved quality care and compare performance with other similar practices. This data contains integral information and quality measures that the NCODA medically integrated dispensing members are able to access.

The collaborative relationship that exists between the patient and the healthcare team allows organizations to manage the patient’s condition in real time. EHR systems promote efficiency, can reduce medical errors and enhance the safety and quality of care including oral chemotherapy adherence, and the effective monitoring and care for toxicities.

Abstraction of quality data is a fundamental mission of NCODA members.
NCODA organizations should have EHR systems that provide data for the following quality measures:

1. **Provider and Patient data**: Reliable, accurate provider and patient data is the foundation for all quality measures.

2. **First fill**: NCODA practice sites should be able to fill in-house, first fill and refill prescriptions for oral chemotherapy. NCODA organizations will strive for a 100% capture first fill rate. It is important to document and understand reasons why a patient may not fill a prescription at the practice site.

3. **First month non-compliance**: With the provision of direct patient monitoring, patient education and direct clinical pharmacist support through the use of EHRs, NCODA organizations are able to minimize issues related to early discontinuation or non-compliance of therapy.

1. **Why a prescription is being discontinued**: The goal of oral chemotherapy is to maintain patients on treatment for as long as clinically beneficial. This is achieved by providing ongoing monitoring for adherence and toxicities.
NCODA organizations should have EHR systems that provide data for the following quality measures:

5. **Adverse Drug Reactions (ADR) tracking**: Actively managing and documenting patients with potential or reported adverse reactions with oral chemotherapy is essential to maximizing positive treatment response and outcomes.

6. **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 tools to track medication that has been unnecessarily dispensed to a patient. NCODA practices are able to intervene in advance of scheduled refills insuring both cost avoidance and wasteful dispensing.

7. **Medication Assistance**: All patients should have access to prescribed medications regardless of their financial, insurance or ability to pay. Robust medication assistance programs include drug replacement, copay assistance. Financial support will be attempted for all patients at NCODA practices. EHR provide the information to support this initiative.
In Summary

Quality measurement and improvement is a focus of ASCO QOPI and NCODA. In an era of electronic health records (EHRs), real time abstraction of data can improve the quality of care and result in improved outcomes.
NCODA STANDARDS VS. QCP STANDARDS

• How has QOPI® Certification raised performance of practice?
• How do the NCODA standards support adherence to QCP standards?
• How can attendees optimize NCODA quality standards?
• How has QOPI® Certification assisted practices in collaboration with payers?
• How could NCODA standards further complement or enhance QCP standards?
• What are some challenges faced in implementing NCODA and QCP standards?
• What steps should attendees take to begin implementing NCODA and QCP standards in their practice?
QUESTIONS?