WORKFLOW MANAGEMENT FOR IV AND ORAL THERAPIES

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WORKFLOW MANAGEMENT FOR IV AND ORAL THERAPIES

Jody Agena PharmD, Virginia Cancer Specialists
WORKFLOW PROCESS

Provider Enter Regimen  
Clinical Safety Pharmacist Review  
Clinical Review Team: Prior Authorization  
RN / CPHT Treatment scheduling  
Clinical Pharmacy Review Q Cycle
WORKFLOW PROCESS

- Safety Pharmacist:
  - Dosing
  - NCCN/Clinical Data
  - Critical Lab Values (LFT’s, Renal)
  - Drug Interactions
  - Supportive Care
  - Formulary Management
  - Dose Rounding Initiatives
WORKFLOW PROCESS: IV

• Dedicated Clinical Authorization Team for IV
• USP 800 Clean Room - BUD
• CPhT: Admixture, Inventory
• Tech check Tech: supportive care medications (prepackaged)
• IV room Pharmacist: Final Double Check
• Clinical Pharmacy Review Each Cycle
WORKFLOW PROCESS: PO

- Dedicated Clinical Authorization Team for Prior Authorization
- Clinical RN: Safety Check
- Prior Auth: 48 Hr Turnaround Time
- Financial review: copay assistance / funding
- CPhT: Inventory, Prior Authorization, Patient Notification
- Retail Pharmacist: Final Double Check
- Clinical Pharmacy Review Each Cycle
FUTURE OUTLOOK

• IV → ORAL ONCOLYTICS
• STAFFING – Medically Integrated Pharmacy Team
• ROBUST PRIOR AUTHORIZATION
• FINANCIAL ADVOCACY SERVICES
• IV INFUSION → RETAIL PHARMACY
• Training PharmD / CPhT to service “MIPS”
1. What is the role of the Safety Pharmacist?
   • A. Verifying Orders with NCCN for appropriateness and patient safety.
   • B. Assist in Formulary Management, Dose Rounding, Therapeutic Interchange that follow practice initiatives.
   • C. Review of supportive care medications, drug interactions
   • D. All of the Above
Q’S

2. What is the role of the Pharmacy Technician - PO?
   • A. Assist in the Prior Authorization Process
   • B. Maintain Inventory Management of the Retail Space.
   • C. Coordination of medication delivery with patient.
   • D. All of the Above
WORKFLOW MANAGEMENT FOR IV AND ORAL THERAPIES

Heather Yockey RN, Virginia Cancer Specialists
INTERDISCIPLINARY TEAM

• Treatment of oncology patients is continually evolving. A team approach is key to improving outcomes and patient satisfaction. Core team members should include:
PRIMARY NURSING TEAM MEMBERS

ONCOLOGY NURSE NAVIGATOR

CLINICAL SAFETY NURSE

INFUSION NURSE

TRIAGE NURSE
ONCOLOGY NURSE NAVIGATOR

• PRIMARY RESPONSIBILITIES:
  • Implementation of new treatment plans, and changes in treatment.
  • Coordination of care across the continuum of the cancer care experience.
  • Education and support to patients, families, and caregivers.
  • Assessment of physical, and psychosocial risk factors.
  • Facilitate referrals to other providers and community resources to remove barriers to care.
  • Reinforce treatment adherence.
  • Manage treatment regimens (IV, Oral, and Inpatient.)
  • Facilitate timely assessment and interventions for side effect and symptom management.
  • Coordinate treatment schedule and follow-up appointments.
CLINICAL SAFETY
NURSE

• PRIMARY RESPONSIBILITIES:
  ❖ Reviews all new IV and Oral treatment regimens at time of entry.
  ❖ Reviews available patient data for regimen compliance with practice pathways and standard of care for diagnosis/staging.
  ❖ Facilitates communication between authorization team and physician to resolve any authorization barriers.
  ❖ Enters oral regimen instructions for applicable treatment and follow-up parameters according to package insert recommendations.
INFUSION NURSE

• PRIMARY RESPONSIBILITIES:
  ❖ Assess patient’s for status changes and toxicities on day of treatment.
  ❖ Evaluate and confirm patient readiness for treatment through review of provider notes, lab data, and assessments.
  ❖ Provide education and support to patients, families, and caregivers.
  ❖ Communicate any change in status or toxicities to provider and arrange further intervention as needed.
  ❖ Perform treatment medication safety checks.
  ❖ Administer ordered therapy.
  ❖ Promote treatment adherence.
  ❖ Ensure patients have current discharge instructions and treatment calendars.
TRIAGE NURSE

• PRIMARY RESPONSIBILITIES:
  ❖ Patient triage and advice via phone, email, and patient portal.
  ❖ Monitor and follow-up on communication from care team via phone, email, and EMR work queues.
  ❖ Provide education and support for patients, families, and caregivers.
  ❖ Facilitate communication between patients and providers for resolution of questions, symptoms and toxicity management.
  ❖ Monitor and reinforce patient adherence to treatment plan.
  ❖ Coordinate medication refills.
  ❖ Facilitate patient receipt of test results.
  ❖ Facilitate referrals to outside providers.
NURSING WORKFLOWS

- INITIATION OF NEW IV TREATMENT PLAN
- CHANGE IN IV TREATMENT PLAN
- INITIATION OF NEW ORAL TREATMENT PLAN
- CHANGE IN ORAL TREATMENT PLAN
- CLEARANCE FOR TREATMENT
- REGIMEN MANAGEMENT
- TOXICITY MANAGEMENT
WORKFLOW: INITIATION OF NEW IV TREATMENT PLAN

Completed by Navigator upon receipt of new treatment plan:
• Introduction and clinic orientation.
• Provide written contact information for team members.
• Provide oral and written treatment specific education.
• Schedule any pre-treatment testing, procedures or referrals.
• Schedule chemotherapy teaching class.
• Schedule appointment with Patient Benefits Specialist to review insurance coverage.
• Schedule return appointment with Navigator within 3-5 days for treatment scheduling pending insurance approval.

Completed by Navigator at treatment scheduling appointment:
• Complete psychosocial, depression, and nutrition screening, and coordinate referrals to ancillary providers as indicated (i.e. social work, palliative care, nutrition etc.)
• Confirm completion of any pre-treatment testing and review results.
• Confirm treatment authorization.
• Schedule initial 1-2 cycles of treatment and provide written treatment calendar.
• Provide prescriptions for any supportive care medications including written instructions.
• Confirm treatment consent and resolve any remaining patient questions.
WORKFLOW: CHANGE IN IV TREATMENT PLAN
INTERVENTIONS MAY VARY DEPENDING ON PATIENTS’ PRIOR TREATMENT EXPERIENCE.

Completed by navigator on receipt of new treatment plan for a current treatment patient:

- Ensure patient has UTD written contact information for team members.
- Provide oral and written treatment specific education.
- Confirm treatment consent and resolve any remaining patient questions.
- Coordinate pre-treatment testing, procedures or referrals.
- Enter referral to Patient Benefits Specialist to review insurance coverage.
- Schedule follow-up with Navigator in 3-5 days for treatment scheduling pending insurance approval. (Via phone, email, or in person per patient preference.)
- Complete psychosocial, depression, and nutrition screening, and coordinate referrals to ancillary providers as indicated (i.e. social work, palliative care, nutrition etc.)

Completed after insurance authorization is obtained:

- Schedule initial 1-2 cycles of treatment and provide written treatment calendar.
- Provide prescriptions for any supportive care medications with written instructions.
- Confirm treatment consent and resolve any remaining patient questions.
WORKFLOW: INITIATION OF NEW ORAL TREATMENT

Completed by Navigator upon receipt of oral treatment plan for new patient:

• Introduction and clinic orientation.
• Provide written contact information for team members.
• Provide brief oral and written treatment specific education.
• Schedule any pre-treatment testing, procedures or referrals.
• Complete psychosocial, depression, and nutrition screening, and coordinate referrals to ancillary providers as indicated (i.e. social work, palliative care, nutrition etc.)
• Explain oral authorization process.
• Ensure Rx entered by physician and forward any concerns or questions to oral authorization team.
• Enter referral to Patient Benefits Specialist to review insurance coverage with patient and resolve any OOP costs.
• Schedule teaching session with Nurse Practitioner.

Completed at Teaching session:

• Confirm completion of any pre-treatment testing and review results.
• Confirm patient receipt or planned delivery of medication.
• Provide oral and written treatment specific education (including: Specific dosing instructions, monitoring schedule, potential adverse effects, and refill process.)
• Schedule follow-up and any needed testing prior to cycle 2.
• Provide written treatment calendar including appointments and dosing of oral therapy.
• Provide prescriptions for any supportive care medications with written instructions.
• Confirm treatment consent and resolve any remaining patient questions.
• Schedule calls to check adherence and assess for toxicities.
WORKFLOW: CHANGE IN ORAL TREATMENT PLAN
INTERVENTIONS MAY VARY DEPENDING ON PATIENTS’ PRIOR TREATMENT EXPERIENCE.

Completed by navigator on receipt of new treatment plan for a current treatment patient:

• Ensure patient has UTD written contact information for team members.
• Provide brief oral and written treatment specific education.
• Confirm treatment consent and resolve any remaining patient questions.
• Schedule any pre-treatment testing, procedures or referrals.
• Complete psychosocial, depression, and nutrition screening, and coordinate referrals to ancillary providers as indicated (i.e. social work, palliative care, nutrition etc.)
• Explain oral authorization process.
• Ensure Rx entered by physician and forward any concerns or questions to oral authorization team.
• Enter referral to Patient Benefits Specialist to review insurance coverage with patient and resolve any OOP costs.
• Schedule teaching session with Nurse Practitioner.

Completed at Teaching session:

• Confirm completion of any pre-treatment testing and review results.
• Confirm patient receipt or planned delivery of medication.
• Provide oral and written treatment specific education (including: Specific dosing instructions, monitoring schedule, potential adverse effects, and refill process.)
• Schedule follow-up and any needed testing prior to cycle 2.
• Provide written treatment calendar including appointments and dosing of oral therapy.
• Provide prescriptions for any supportive care medications with written instructions.
• Confirm treatment consent and resolve any remaining patient questions.
• Schedule calls to check adherence and assess for toxicities.
**WORKFLOW: CLEARANCE FOR TREATMENT**

**Performed by Infusion Lead RN OR Nurse Navigator 24hrs pre-treatment:**
- Pull scheduled orders and treatment appointment lists for following day.
- Compare lists to ensure all scheduled patients have appropriate matching orders in the EMR.
- Review provider notes, tests and any other pre-treatment data to ensure patients have met all parameters for treatment.
- Contact any patients who did not meet parameters with plan for resolution and re-schedule as indicated.

**Performed by Infusion nurse on treatment day:**
- Review all current treatment orders for date.
- Review provider notes, tests and any other pre-treatment data to ensure patients have met all parameters for treatment.
- Perform patient assessments for potential toxicities, comorbidities, changes in medications, or treatment questions.
- Facilitate immediate appointment with provider as needed for clinic patients presenting with acute changes in status.
- Review any issues with provider for resolution prior to initiating treatment.
- Complete order safety checks.
- Confirm consent and teaching has been completed for any new treatments.
WORKFLOW: REGIMEN MANAGEMENT

- Performed by Infusion Lead RN OR Nurse Navigator at 96- and 24-hours pre-treatment:
  - Pull scheduled orders and treatment appointment lists for appropriate dates.
  - Compare lists to ensure all scheduled patients have appropriate matching orders in the EMR.
  - At 96 hours - ensure all new regimens have been initiated in the EMR, and that they include appropriate treatment parameters and monitoring instructions.
  - At 24hrs - review provider notes, tests and any other pre-treatment data and update regimen instructions and parameters as indicated.
  - For Oral regimens – perform chart review to ensure patient compliance with monitoring and refills. Modify regimen dates/schedule as indicted to coincide with appointments or changes in treatment plan. Communicate via chart messaging for any clarification needed from provider or pharmacy.
• Treatment toxicities and disease symptoms are routinely reported to Navigators, Infusion Nurses, and Triage Nurses.

• Management of patients presenting or calling with symptoms or possible treatment toxicities:
  ❖ Perform complete assessment utilizing symptom specific assessment sheets or algorithms.
  ❖ Provide education on symptom management.
  ❖ Provide any indicated prescriptions or referrals per SOP’s and guidelines.
  ❖ Schedule appointment for further assessment as indicated.
  ❖ Schedule for follow-up call at appropriate interval.
IMPROVE PATIENT SATISFACTION, REDUCE ER VISITS AND HOSPITALIZATIONS BY:

- Educating clinical staff on available resources for patient education and symptom management.
- Work with providers for symptom management guidelines and standing orders for common complaints.
- Develop ways to facilitate communication for speedy resolution of patient complaints.
IN WHAT WAYS CAN YOUR PRACTICE FACILITATE MANAGEMENT OF TREATMENT TOXICITIES?

A. By providing and reinforcing patient education about potential toxicities, and side effect management.

B. By facilitating patient access to physicians and advanced practice providers for prompt evaluation of toxicities.

C. By incorporating treatment instructions in oral regimens identifying treatment parameters, and potential toxicities.

D. By encouraging patients to go to the emergency room when they experience symptoms of toxicity.

E. A, B, and C

F. All of the above.
HOW CAN NURSES IMPROVE MANAGEMENT OF ORAL CHEMOTHERAPY?

A. By facilitating communication between the interdisciplinary team and the patient.
B. By promoting patient adherence through identification and management of treatment toxicities.
C. By providing individualized education to patients about their treatment plan, and potential toxicities.
D. Through identification of potential barriers to patient access and adherence.
E. All of the above
ORAL AND IV WORKFLOWS IN OUR OFFICE

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Old methods
Current IV chemotherapy workflow
Current oral chemotherapy workflow
Combined oral and IV workflow
MEDICAL DIRECTOR ROLE

Guideline Adherence
Cost/Reimbursement