

Improving Care Coordination for Patients on Oral Oncolytic Therapy

Hematology-Oncology Associates of Central New York

June 18, 2021



Hematology-Oncology Associates of CNY



The **Mission** of HOA is to provide the highest level of quality care in a healing environment for the mind, body and spirit of patients dealing with cancer and blood disorders. Our goal is to offer the highest level, state of the art technology and treatments, while meeting the emotional needs of our patients and their families.

About HOA

14 Medical Oncologists • 4 Radiation Oncologists
1 Thoracic Surgeon • 1 Palliative Care Physician
33 Advanced Practice Providers

HOA by the numbers...

~ 19,000 unique patients / year (60% oncology)
~ 5,000 new consults / year
~ 42% Medicare FFS • 18% Medicare Advantage • 38% Commercial



ONCOLOGY
CARE MODEL

ASCO®

Quality Training Program

ASCO® AMERICAN SOCIETY OF
CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

Team HOA

Team Lead Anthony Scalzo, MD, MEDICAL ONCOLOGIST, PAST PRESIDENT

Project Sponsor Jennifer Pichoske, MS, FNP-C, AOCNP, CHIEF CLINICAL OFFICER

Team Members

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Stacy Keppler, Pharm D, BCPS, MANAGER OF DISPENSING PHARMACY SERVICES

Matthew Korzeniewski, RN, DIRECTOR OF HEALTH INFORMATION & PATIENT SERVICES

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ASCO COACHES

Vedner Guerrier, MBA, LSSBB

John Bingham, MHA



Problem Statement

MISALIGNMENT OF IBRANCE DISPENSE & OFFICE VISITS

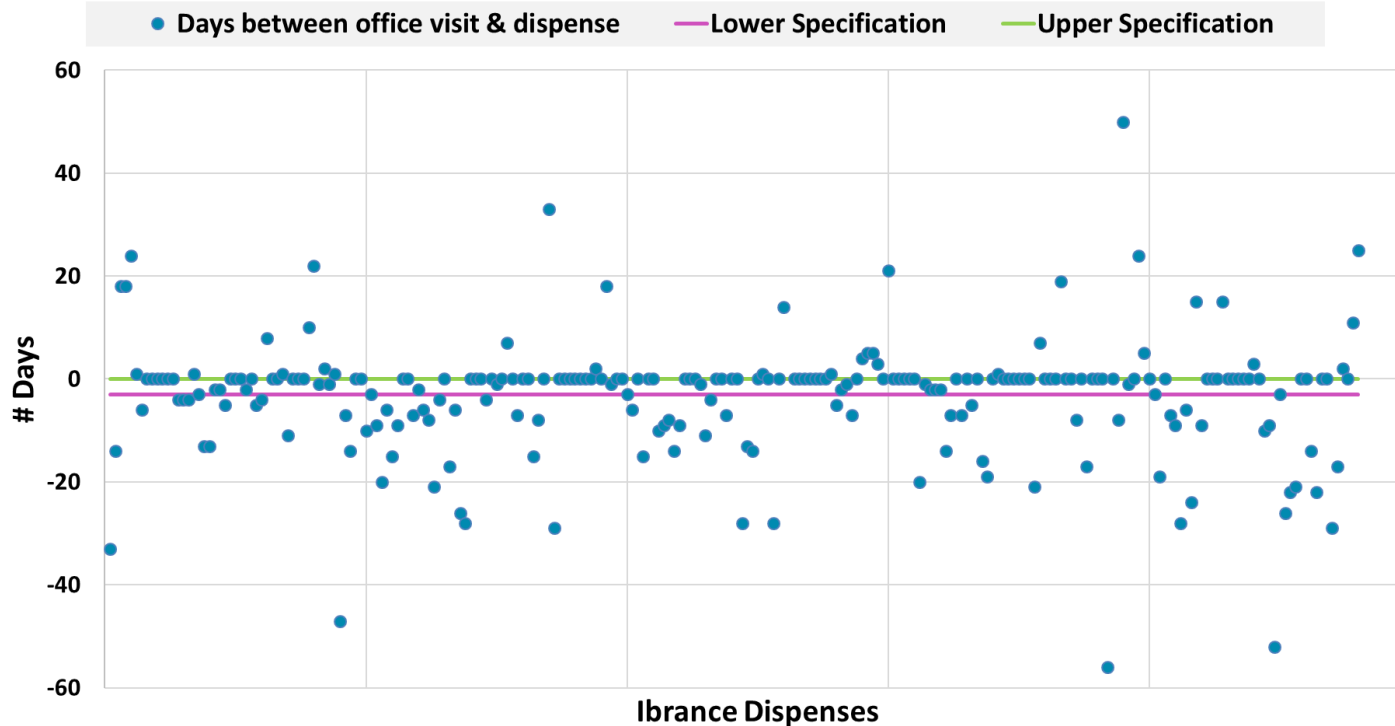
55% of Ibrance dispenses from The Patient Rx Center (TPRxC) occur outside of our specified timeframe; either more than 3-days after their office visit, or the dispense occurred before the office visit. *This results in inefficient care and wastes resources, impacting patient satisfaction and leading to both patient & staff frustration.*

Outcome Measure: Baseline Data Summary

Item	Description
Measure	The proportion of patients that received Ibrance within 3-days after their office visit
Patient population	Patients with metastatic breast cancer that had a script for Ibrance, filled at our in house dispensing pharmacy, between July 1, 2020 – December 31, 2020
Calculation methodology	Difference between office visit date & Ibrance dispense date
Data source	OncoEMR documentation
Data collection frequency	One time data collection for the baseline period
Data limitations	Inconsistencies in documentation, manual data abstraction

Summary of Baseline Data

Number of Days Between Office Visit & Ibrance Dispensed from TPRxC



SNAPSHOT

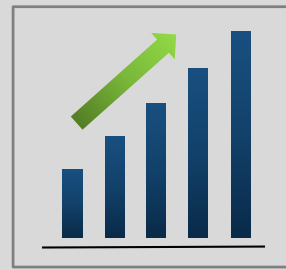
Baseline Period
7/1/2020-12/31/2020

Total Ibrance
Disperses
273

Disperses within
Specifications
124 (45%)

Disperses outside
Specifications
149 (55%)

Aim Statement



ALIGNMENT OF IBRANCE DISPENSE & OFFICE VISITS

We aim to increase the percentage of *coordinated office visits & Ibrance dispenses* (within the defined 3-day window) from **45%** (during the baseline period of July 2020 -December 2020) to **80%** between May 1st - May 31st, 2021.

Process Map

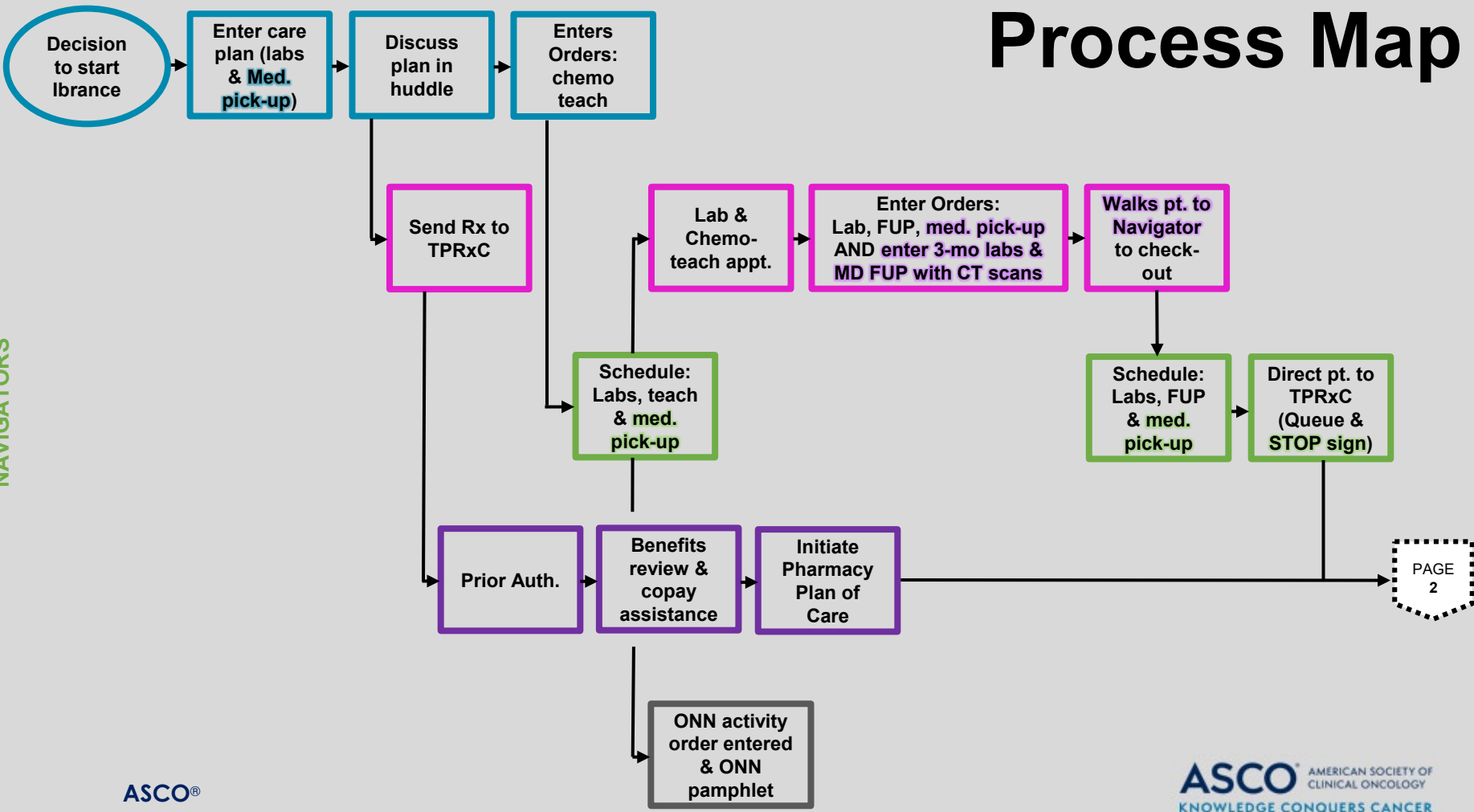
PHYSICIANS

APP TEAM

PATIENT NAVIGATORS

TPRxC

NURSING



Process Map (cont'd)

PHYSICIANS
APP TEAM
PATIENT NAVIGATORS
TPRxC
NURSING



Don't forget to stop at
**The Patient Rx Center
(PHARMACY)**
before you leave!

Please return this sign at the pharmacy window.

Thank you!

Direct pt. to
TPRxC
(Queue &
STOP sign)

Med. Pick-up
appt.
DISPENSE

Collect
STOP sign

Update
TPRxC &
Dispense
activities

**Patient
starts
cycle**

3-5 day FUP call -
toxicity & adherence
assessment (then
prior to each cycle)

Lab/FUP
appt., verify
care plan &
orders

Enter
Orders:
Lab, FUP,
med pick-up

Walks pt. to
Navigator
to check-out

Schedule:
Labs, FUP
& med.
pick-up

Direct pt. to
TPRxC
(Queue &
STOP sign)

10-day
ONN
follow-up
call

Individualized
Nursing Care
Plan & FUP

Cause & Effect Analysis

PATIENT FACTORS

Lack of education
Adverse events
Self-reporting
Compliance
SDOH

POLICIES & PROCEDURES

Lack of standardization
Sub-optimal coordination
between departments

STAFF

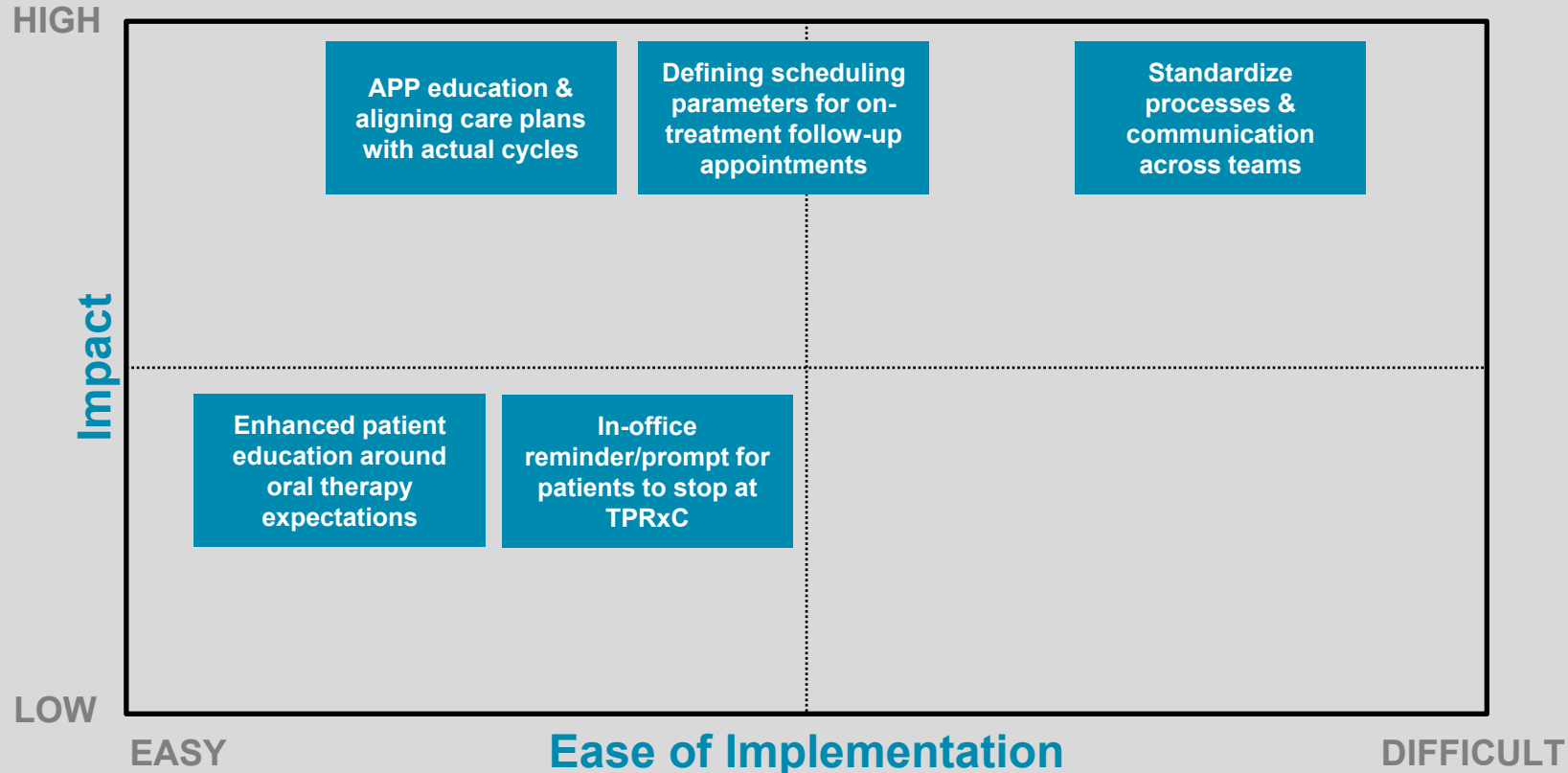
Lack of process
understanding
Lack of education

EMR

Rx. vs. order driven system
Lack of automation

**Misaligned
Ibrance
dispenses
&
office visits**

Priority / Pay-off Matrix





Test of Change: PDSA Plan

Patient Navigator Team

Date	PDSA Description	Result
4/19/2021 – 5/31/2021	<ol style="list-style-type: none"> Schedule “medication pick-up” appointments with each cycle TPRxC “stop sign” & queueing 	Decreased number of patients missing their medication pick-up. Increased awareness amongst navigator team.
4/19/2021 – 5/31/2021	<ol style="list-style-type: none"> New activity to document TPRxC dispense Second check / ‘tasking’ APP in the EMR if cycle dates are not aligned, etc. 	Enhanced accuracy & visibility of the treatment plan; improved communication.
4/19/2021 – 5/31/2021	<ol style="list-style-type: none"> Enhanced weekly APP-Nurse Navigator communication specifically to review patients on oral therapy Addition of the medication pick-up order Verification of the care plan & future orders 	Improved communication across team; proactive identification of patient needs and coordination of future appointments.
4/19/2021 – 5/31/2021	<ol style="list-style-type: none"> Weekly APP-Nurse Navigator huddle 10-day ONN follow-up, then individualized care plan/follow-up 	Improved communication & standardized Nurse Navigation / patient outreach.

TPRxC Team

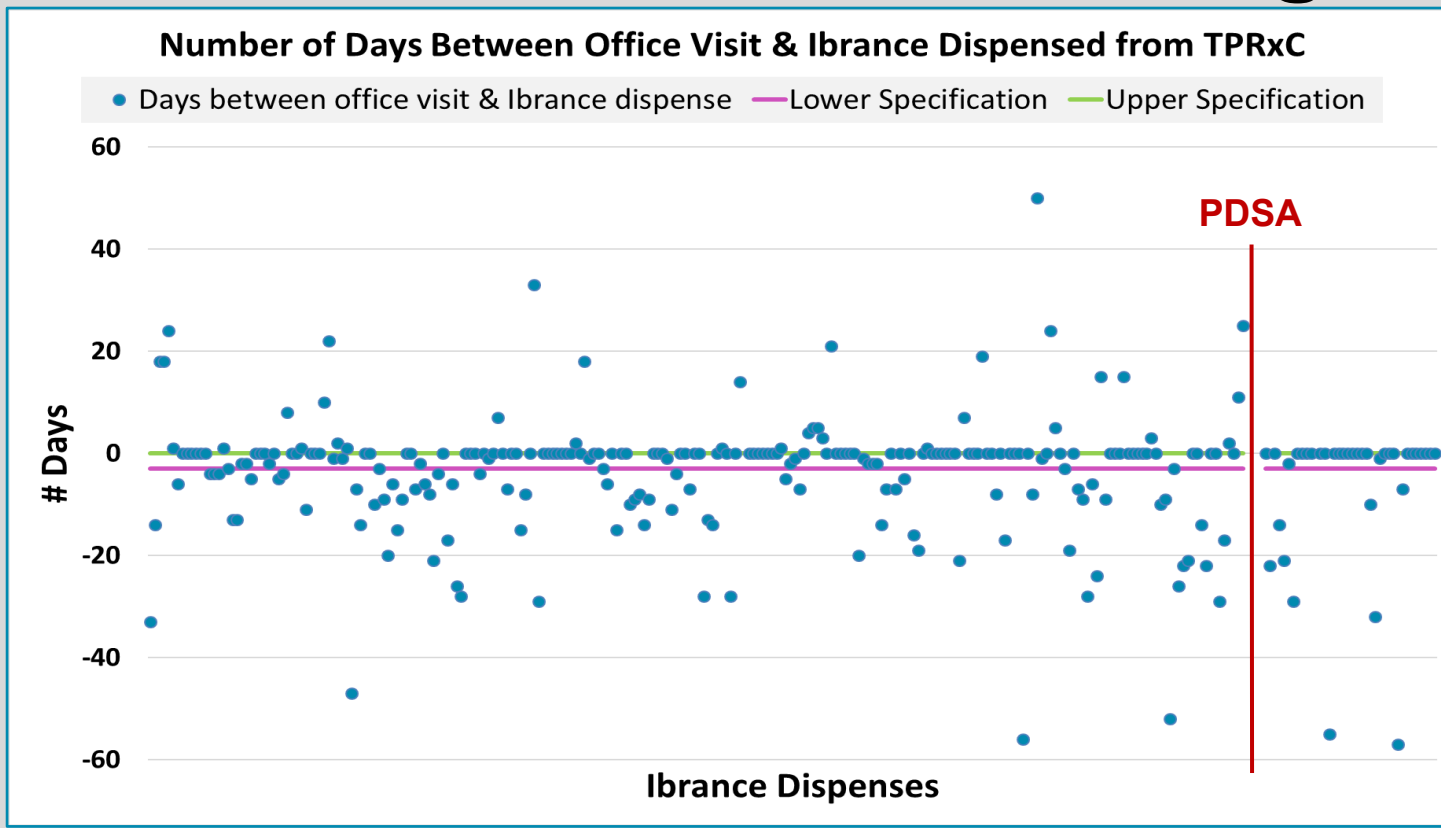
APP Team

Nursing Team

Enhanced Care Plan Accuracy & Visibility

	Tue 05/04/2021	Thu 05/06/2021	Fri 05/07/2021	Mon 05/10/2021	Tue 06/01/2021	Thu 06/03/2021	Fri 06/04/2021
CBC Auto Diff	*				*		
Chg Hx (Show)							
CMP	*				*		
MD Office					Kumar/99215		
MD Office NP/PA	Zimmermann/S						
Medication Pick up		Picked-up/DD				Picked-up/BJ	
Hide FH_BRC7: Palbociclib PO(125			47:1				48:1
Palbociclib (Ibrance) PO			75 mg				75 mg
CBC Auto Diff							
CMP							
TX Comment			*				*
Oral Chemo Review							
Charge Nurse Infusion Review							
TPRx Dispense		Picked Up/MM				Picked Up/BJ	
Hide Bone Met: Xgeva every 1 mon		52:1				53:1	
Denosumab (Xgeva) SQ		120 mg				120 mg	

Outcome Measure: Change Data



SNAPSHOT

Baseline Period
7/1/2020-12/31/2020

Dispenses within Specifications
45%

Post-Intervention Period
5/1/2021-5/31/2021

Dispenses within Specifications
74%

Outcome Measures: Change Data

MEASURE	Pre-Intervention (7/1/2020 - 12/31/2020)	Post-Intervention (5/1/2021 - 5/31/2021)
Dispense occurs same day or within 3-days after office visit	45% (124/273)	74% (28/38)
Dispense occurs same day or within 3-days after labs	78% (212/273)	87% (33/38)
Dispense occurs same day or within 3-days prior to start of next cycle	72% (77/107)	82% (31/38)

Sustainability Plan

Next Steps	Owner
COMMUNICATION: Continue interdisciplinary project meetings. - Team progress reports & check-ins regarding project-specific interventions.	QTP Team
DATA: Automate data collection, regular data review & communication of results. - Create a pharmacy dashboard to monitor patients on oral therapy & pertinent metrics.	QTP Team

Conclusions & Lessons Learned

- **HOA increased the percentage of Ibrance dispenses that met our defined specifications from 45% to 74%**
 - We did not hit our 80% target
 - Achieved improvements in two related metrics
- **Wins!**
 - Positive feedback from staff
 - Enhanced communication across teams
 - Improved accuracy & visibility of the patient's treatment plan
- **Culture of continuous quality improvement**
- **Data-driven QI project -- keys to success**



Improving Care Coordination for Patients on Oral Oncolytic Therapy

AIM To increase the percentage of *coordinated office visits & Ibrance dispenses* (within the defined 3-day window) from **45%** (during the baseline period of July 2020 - December 2020) to **80%** between May 1 & May 31st, 2021.

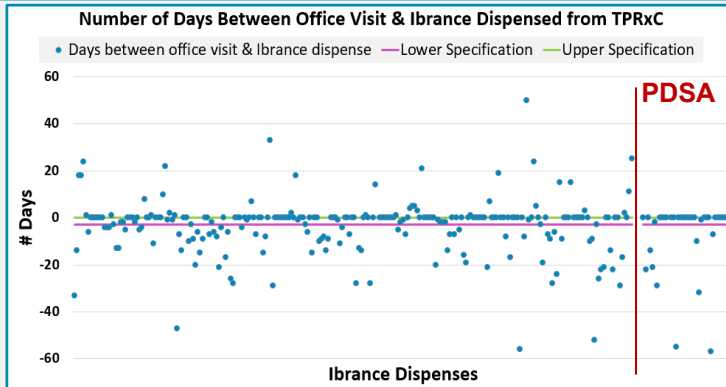
INTERVENTIONS

- ✓ Added “medication pick-up” appointment to the patient’s schedule, enhancing visibility, compliance & tracking
- ✓ Implemented use of a laminated pharmacy “stop sign” to prompt patients to stop at the pharmacy before leaving
- ✓ Updated oral care plans to include a pharmacy dispense activity, increasing clarity of the treatment flowsheet
- ✓ Enhanced weekly communication between Advanced Practice Provider & Oncology Nurse Navigator (ONN) to review patients on orals, encouraging comprehensive review of patient’s needs, treatment plan & future orders
- ✓ Standardized the initial ONN follow-up for patients on oral therapy

HOACNY TEAM

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RESULTS



SNAPSHOT

Baseline Period
7/1/2020-12/31/2020

Dispenses within Specifications
45%

Post-Intervention Period
5/1/2021-5/31/2021

Dispenses within Specifications
74%

CONCLUSIONS

- ✓ HOA improved the coordination of Ibrance dispenses relative to office visit appointments from **45% to 74%**.
- ✓ Improved coordination of Ibrance dispenses relative to labs from 78% to 87%, and improved coordination of dispenses relative to the next cycle start date from 72% to 82%.
- ✓ Improved accuracy & visibility of the patient’s treatment plan and enhanced communication across teams.

NEXT STEPS

- ✓ Understand differences in this process compared to patients receiving oral therapy through external specialty pharmacies and identify care coordination needs.

THANK YOU



Team HOA

BACK ROW: Missy McCormick ♦ Anthony Scalzo ♦ Matthew Korzeniewski ♦ Robin Burke ♦ Jonas Congelli
FRONT ROW: Jennifer Pichoske ♦ Olivia Barrett ♦ Cherie Sgarlata ♦ Stacy Keppler