ASCO's Quality Training Program

Project Title: Decreasing the Risk of Financial Toxicity in an Ambulatory Oncology Practice

Presenters: Thomas Hensing, Tyler Bauer, George Carro, Anna Palafox, Margaret Whalen

Institution: NorthShore University HealthSystem, Kellogg Cancer Center

Date: 1/26/2017

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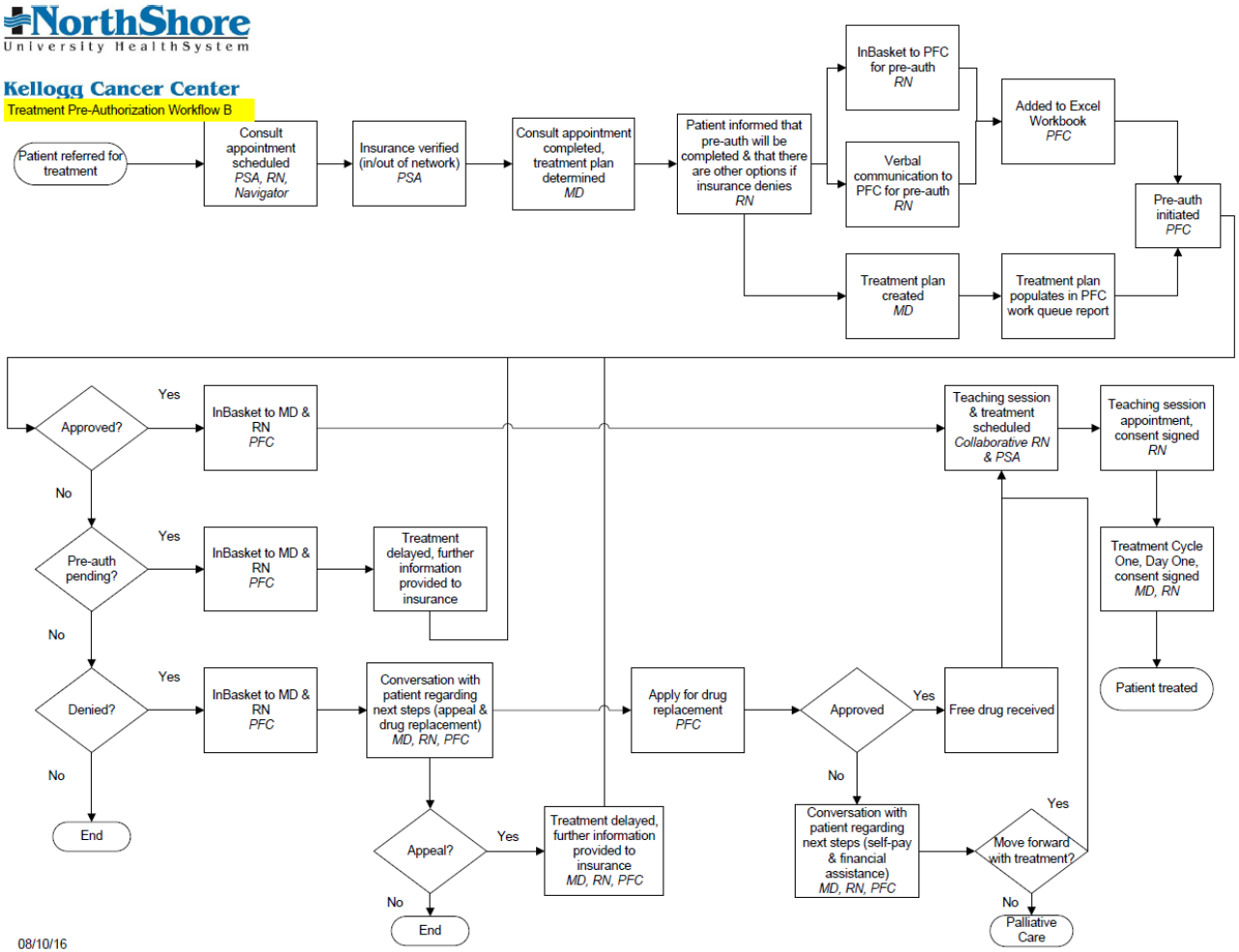
Problem Statement

0% of NorthShore University HealthSystem Kellogg Cancer Center patients routinely receive information on financial risks of high cost cancer therapies, as well as available financial support services, resulting in significant financial and overall distress and compromised informed decision making.

Process Map – Prior Authorization



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Institutional Overview

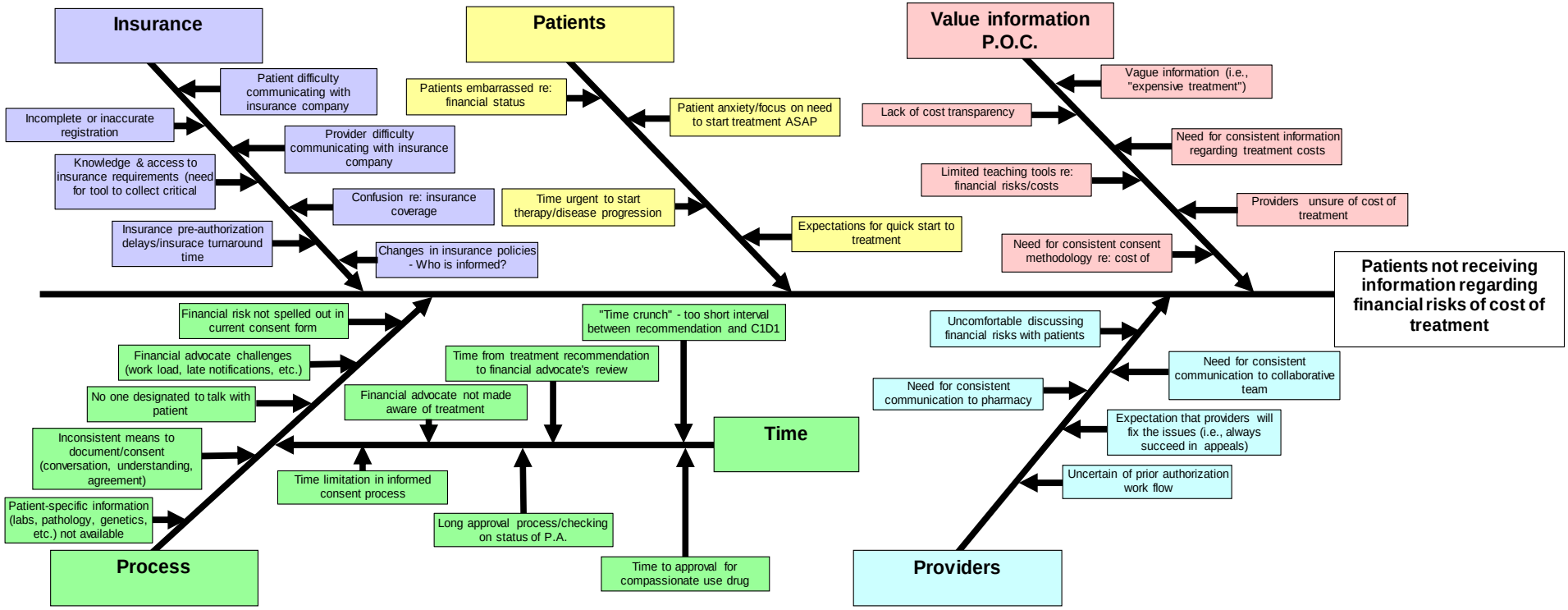
NorthShore University HealthSystem (NSUHS)

- 4 hospital integrated health care system in northern suburbs of Chicago
- 3 outpatient Kellogg Cancer Centers (KCC)
- Academic affiliation with University of Chicago
- Total employees: ~55 MDs and 200 staff
- ~4000 new cancer patients per year
- *QOPI* certified in 2012 and 2015

Team Members

Team Member	Role	Discipline
Theodore Mazzone, MD	Project Sponsor	Department of Medicine Chair
Thomas Hensing, MD	Team Leader	Medical Oncology
Tyler Bauer, MBA	Core Team Member	Assistant Vice President, NSUHS
George Carro, RPh	Core Team Member	Director, KCC Pharmacy
Margaret Whalen, RN	Core Team Member	Navigator, GI Oncology
Anna Palafox, PharmD	Core Team Member	KCC Pharmacy
Kendall Chaney	Team Member	Patient Financial Advocate
Laura Lenski, RN	Team Member	Collaborative RN, Thoracic Oncology
Cindy Geaslin	Team Member	Director, Patient Financial Services
Yousuf Azhar	Team Member	Health Information Technology
Bruce Brockstein, MD	Team Member	KCC Director, Co-Sponsor
Oncology Patient Advisory Board	Project Oversight	--
Holley Stallings, RN, MPH, CPH, CPHQ	QTP Improvement Coach	

Cause & Effect Diagram



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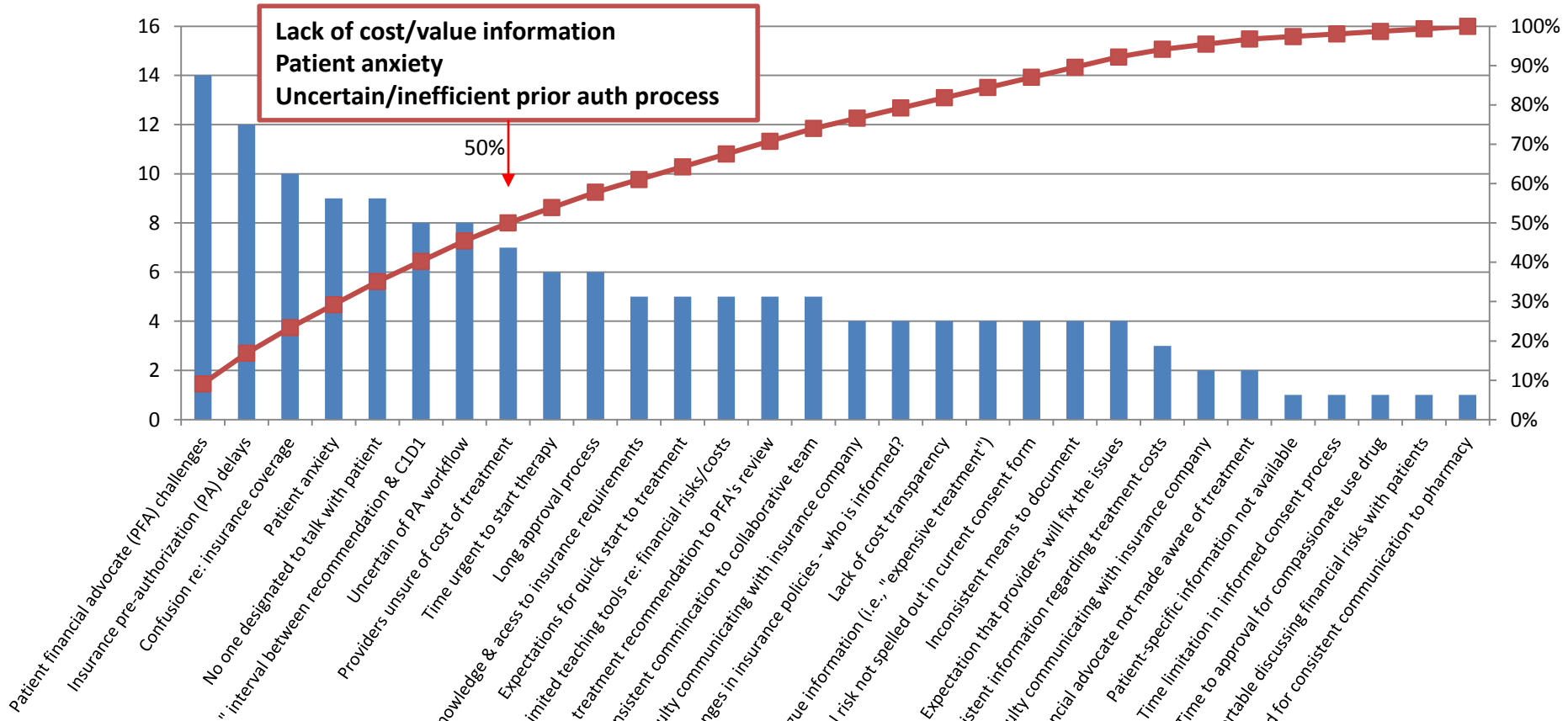
Diagnostic Data – Survey Results



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Aim Statement

Increase to 65% the proportion of oncology patients receiving information regarding financial risks of and available resources for high cost treatments (immune checkpoint inhibitors (ICI)) as part of the informed consent process by January 2017.

Measures (Primary & Secondary)

Measure	Primary: Proportion of patients receiving information regarding risk of financial toxicity of immune checkpoint inhibitors (ICI) at time of informed consent	Secondary: Proportion of patients starting treatment with an ICI after prior authorization decision	Secondary: Time from treatment plan placement to prior authorization decision	Secondary: Proportion of patients starting treatment with an ICI who have a documented pre-treatment RN teaching visit
Patient population	Medical oncology patients starting treatment with an ***on-label*** ICI	Medical oncology patients starting treatment with an ***on-label*** ICI	Medical oncology patients starting treatment with an ***on-label*** ICI	Medical oncology patients starting treatment with an ***on label*** ICI
Calculation Methodology	**Numerator:** Number of patients with documentation of financial risk discussion at the time of informed consent prior to starting treatment with an ICI **Denominator:** Number of patients starting treatment with an ICI	**Numerator:** Number of patients starting treatment with an ICI after prior authorization obtained **Denominator:** Number of patients starting treatment with an ICI	Time from treatment plan placement to confirmation of prior authorization decision by Patient Financial Advocate	**Numerator:** Number of patients starting treatment with an ICI who have a documented RN teaching visit before cycle 1 day 1 of therapy. **Denominator:** Number of patients starting treatment with an ICI
Data Source	EMR (EPIC)	EMR (EPIC)	EMR (EPIC)	EMR (EPIC)
Data Collection Frequency	Weekly	Weekly	Weekly	Weekly
Data Quality	Very accurate, no limitations, discreet data	Very accurate, no limitations, discreet data	Very accurate, no limitations, discreet data	Good, not discreet

Baseline Data

Measure	Pre-intervention (n=20)
Proportion of patients receiving information regarding risk of financial toxicity	0% (0/20)
Proportion of patients beginning treatment after prior authorization decision	50% (10/20)
Time from treatment plan placement to prior authorization decision (days)	Mean 7 (range 0.03 – 45)
Proportion of patients who received RN teaching visit prior to cycle 1	25% (5/20)

Prioritized List of Changes (Priority/Pay –Off Matrix)

Impact	Easy	Difficult
High	• Develop patient financial education tool to be delivered and discussed at the time of informed consent (PDSA #1)	• Revise prior-authorization work flow (PDSA #2) • Hire additional Patient Financial Advocates
Low	• Develop functionality to measure and monitor patient financial toxicity using the COST quality-of-life tool (PDSA#3)	• Incorporate ASCO Value tool (or similar tool) into the informed consent process (PDSA #4)

Ease of Implementation

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PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
1. 8/1/16 – ongoing	Develop OPAB[1]-approved education tool to be provided to the patients regarding financial risks and available support services	Good improvement. By week 12, 53% of patients with documentation that financial risk addressed at the time of informed consent	Expand utilization of the financial educational tool to all high-cost infusional and oral medications
2. 8/1/16 – ongoing	Revise the process for prior authorization of infusional therapies in the cancer center	Excellent improvement. Prior authorization obtained in 94% of patients in intervention cohort prior to cycle 1. Third patient financial advocate hired by cancer center.	Revise prior authorization work flow to include oral cancer therapies
3. 10/1/16 – ongoing	Develop functionality to measure financial toxicity using the COST QOL tool	Survey of intervention cohort initiated January, 2017 using paper forms and validated SOP.	Build capability to administer through EHR portal

[1]Oncology Patient Advisory Board

Materials Developed – Patient Education Form

NorthShore University HealthSystem

Kellogg Cancer Center

Immunotherapeutic Drug Financial Information

Cancer treatment is constantly evolving. Recent technological advances have made it possible to identify genetic changes, known as mutations, in the DNA of a cancer cell. Several immunotherapies (cancer treatments that use your body's own immune system to help fight cancer) are FDA approved for treatment of cancers with specific genomic (the study of genes and their functions) profiles. Prior to initiating treatment with immunotherapy it is important to address and acknowledge several relevant issues regarding these treatment approaches.

1. Treatment recommendations are evidence-based (treatment backed by scientific evidence) and take into consideration possible benefits as well as toxicities.
2. We will need to verify your insurance information to ensure that we have the most recent data in our system. Please immediately notify us of any changes in your insurance coverage.
3. Please note that your health insurance may not cover the cost of the recommended immunotherapeutic drug, therefore we recommend that you contact your insurance provider to determine eligibility and in-network status.
4. Kellogg Cancer Center Patient Financial Advocates will contact your insurance carrier to review coverage. If this treatment is not covered by your insurance, we will review other options to help with the financial burden and appeals will be submitted when prior authorization is denied.

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5. Kellogg pharmacy staff will work with industry foundations to determine available resources including free or reduced cost drug and financial support.
6. Efforts will also be made to obtain immunotherapeutic drug for compassionate use (use of an investigational product not approved by the FDA) basis.
7. Confirmation of treatment schedules will be reliant upon approval status and/or drug availability.

If you have any questions or concerns regarding this information, please contact a member of your care team or the Kellogg Patient Financial Advocates listed below.

Evanston Kellogg Cancer Center
Natalie Pawlicki
847-570-1825

Glenbrook/Highland Park Kellogg Cancer Centers
Kendall Chaney-Ward
847-503-1181 Glenbrook
847-480-4724 Highland Park

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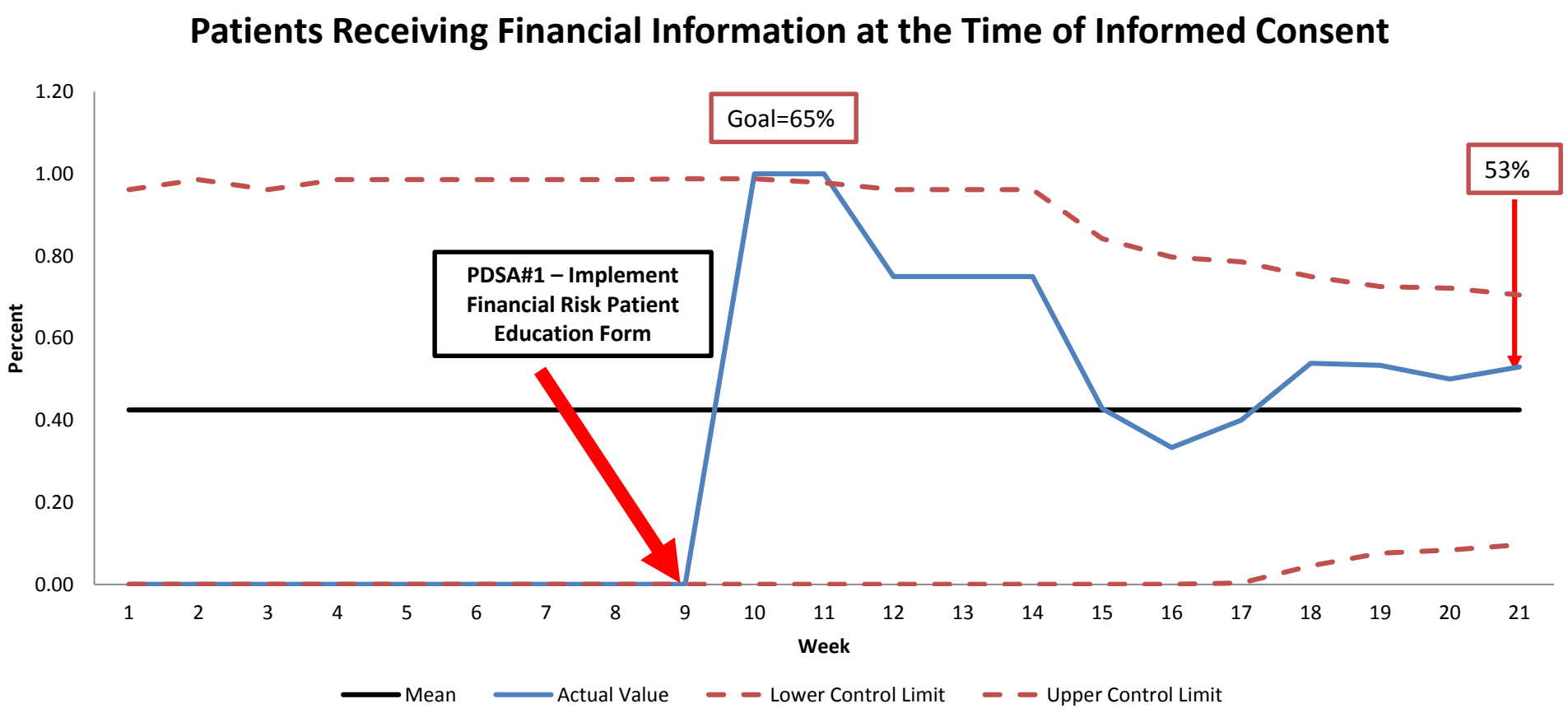
Change Data – PDSA 1



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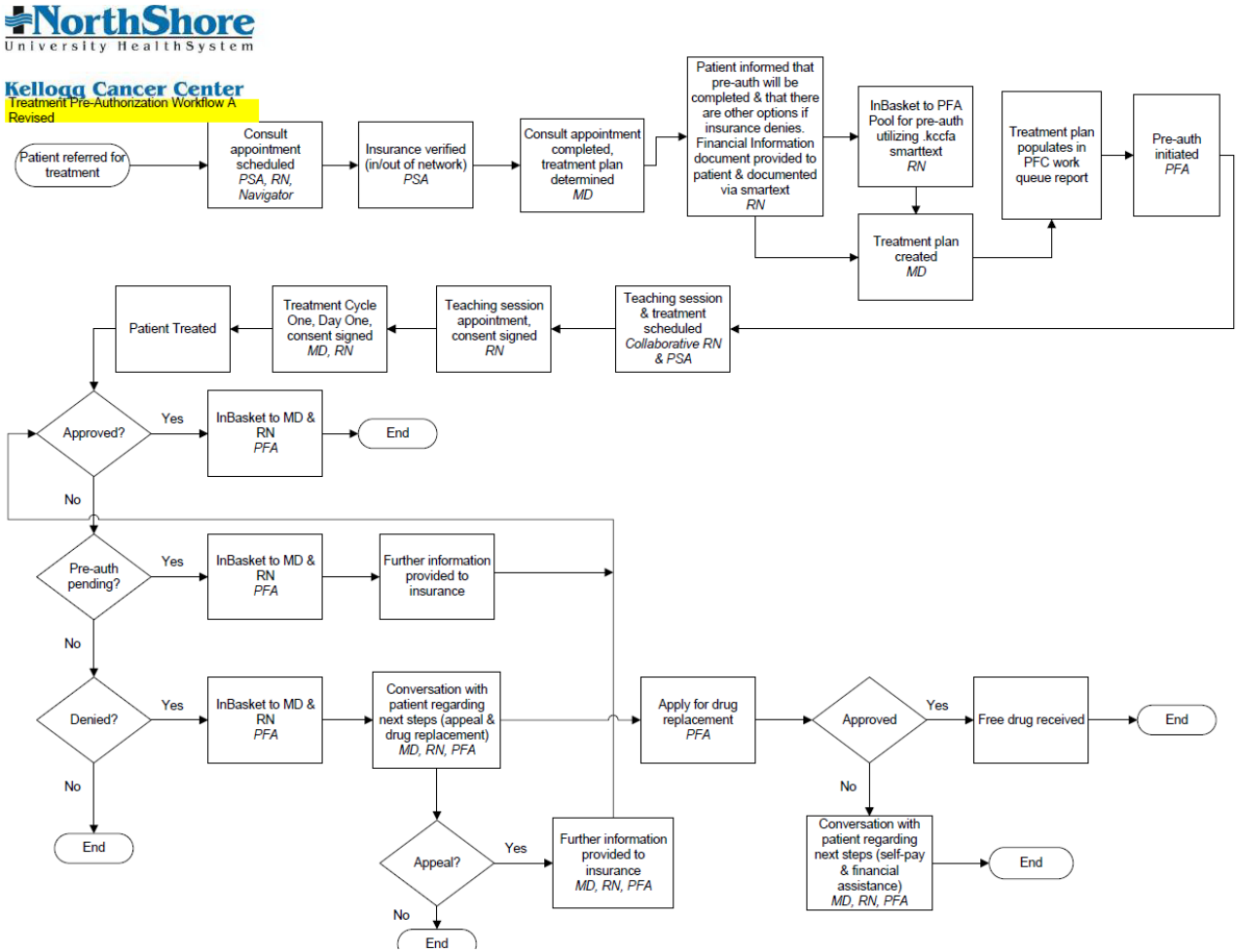
PDSA 2 - Revised Process Map



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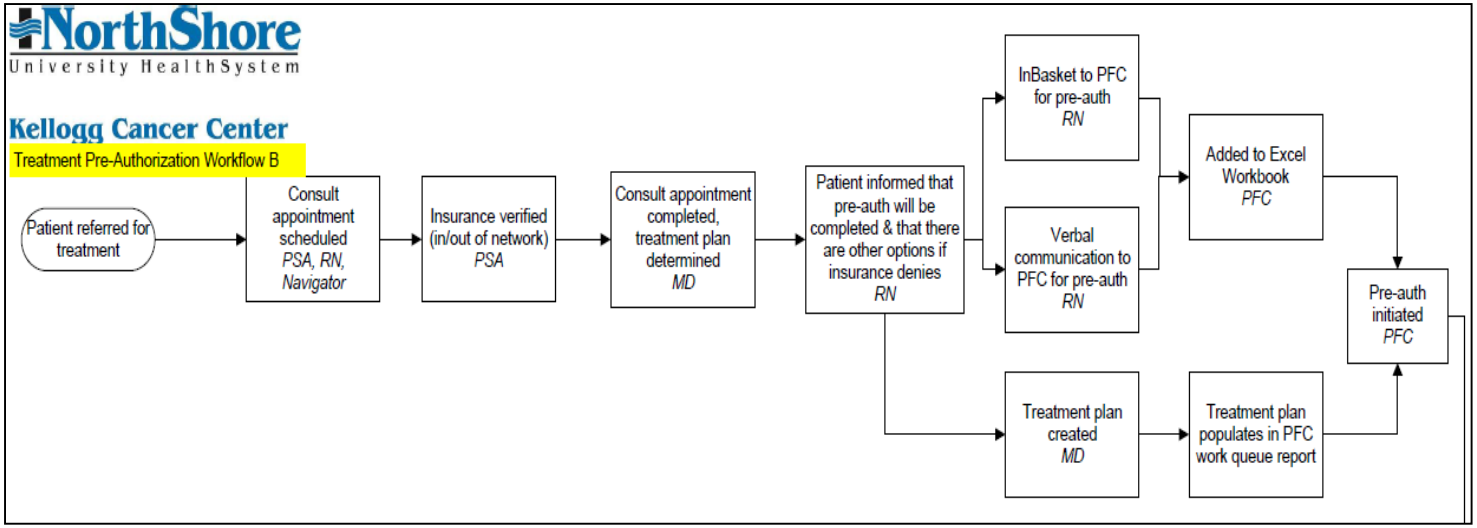
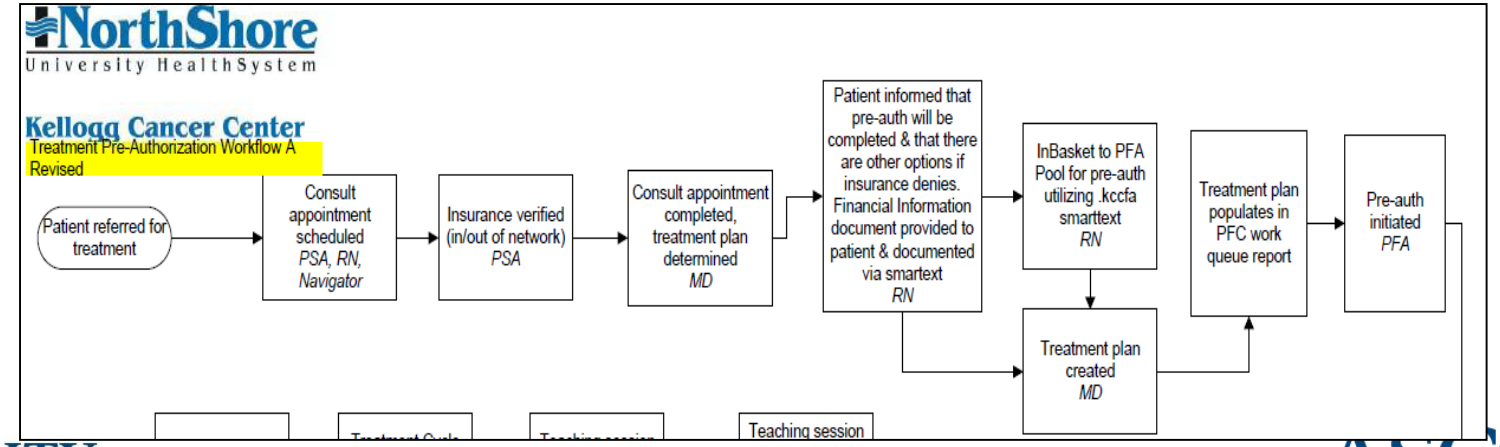
PDSA 2 - Revised Prior Auth Process

Baseline



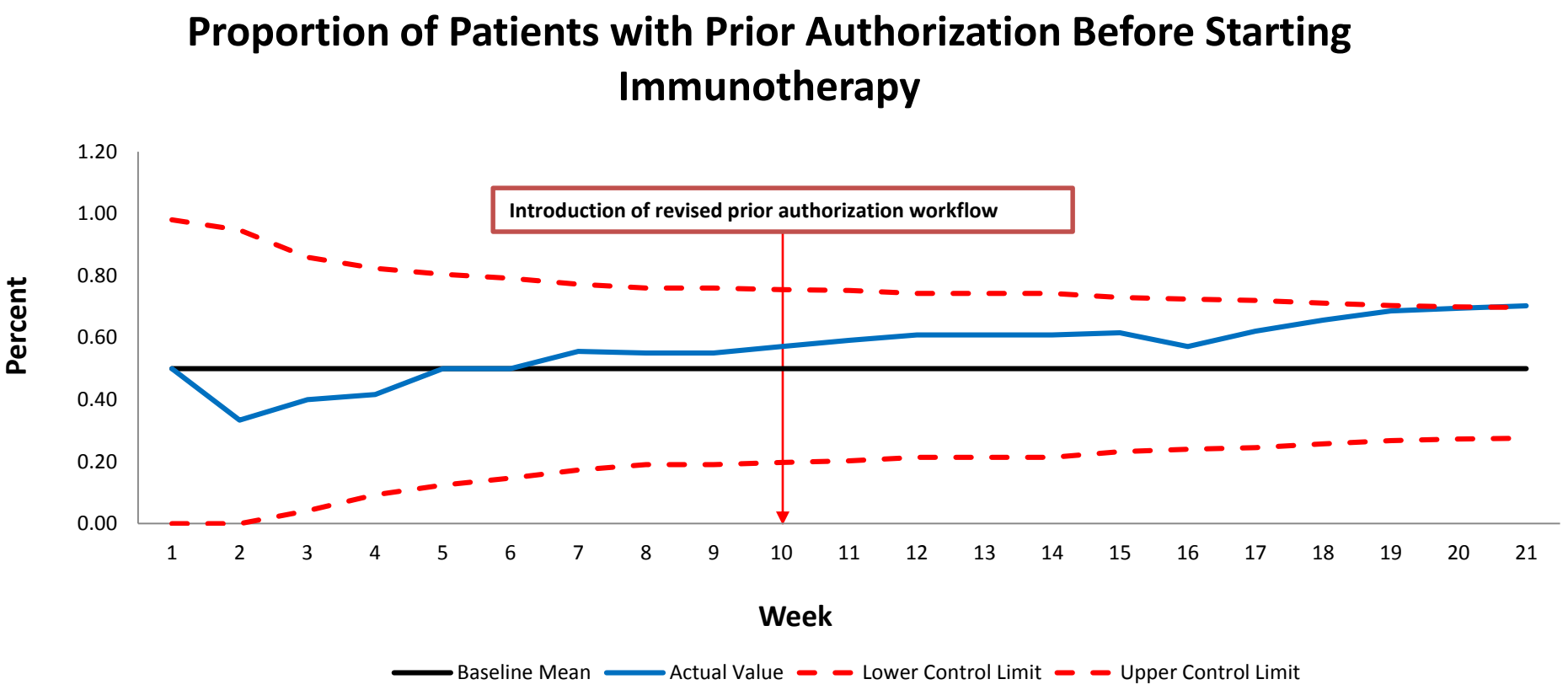
Revised



Change Data

Measure	Pre-intervention (n=20)	Post-intervention (n=17)
Proportion of patients receiving information regarding risk of financial toxicity	0% (0/20)	53% (9/17)
Proportion of patients beginning treatment after prior authorization decision	50% (10/20)	94% (16/17)
Time from treatment plan placement to prior authorization decision (days)	Mean 7 (range 0.03 – 45)	Mean 6 (range 0.06 – 22)
Proportion of patients who received RN teaching visit prior to cycle 1	25% (5/20)	41% (7/17)

Change Data – PDSA 2



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Economic Impact

- Average drug cost per patient per dose: $7,363.57
  - Minimized potential risk to patient/organization
    - Total = $125,180 for post-intervention group

- Justification for additional Patient Financial Advocate

Next Steps/Plan for Sustainability

Continue monthly meeting of the financial toxicity working group

Provide continuous feedback to medical staff and patient financial advocates to continue improvement in the prior authorization process

Enhance EMR (EPIC) functionality

Improve communication with treating teams and patients on status of prior authorization

Develop educational initiatives for medical staff

Prepare to use the ASCO value tool at the time of informed consent

Conclusions

- **Although the primary aim was not met, the proportion of patients receiving information about financial risk and available cancer center financial support services at the time of informed consent increased from 0% to 53%.**

- **The revised prior authorization process increased the proportion of patients starting treatment after prior authorization from 50% to 94%.**

Lessons Learned

- **Importance of a multidisciplinary QI team that has representation of relevant stakeholders in order to effect change**

- **The involvement of patients and their caretakers at the beginning of the QI project improved acceptance of the patient financial educational tool by the medical teams**

NorthShore University HealthSytem
Kellogg Cancer Center

Project Title: Decreasing the Risk of Financial Toxicity in an Ambulatory Oncology Practice

AIM: **Increase to 65% the proportion of oncology patients receiving information regarding financial risks of and available resources for high cost treatments (immune checkpoint inhibitors) as part of the informed consent process by December, 2016.**

INTERVENTION: Conduct a QI project to improve patient education regarding risk of financial toxicity and available financial support services at the time of informed consent for selected high-cost therapies

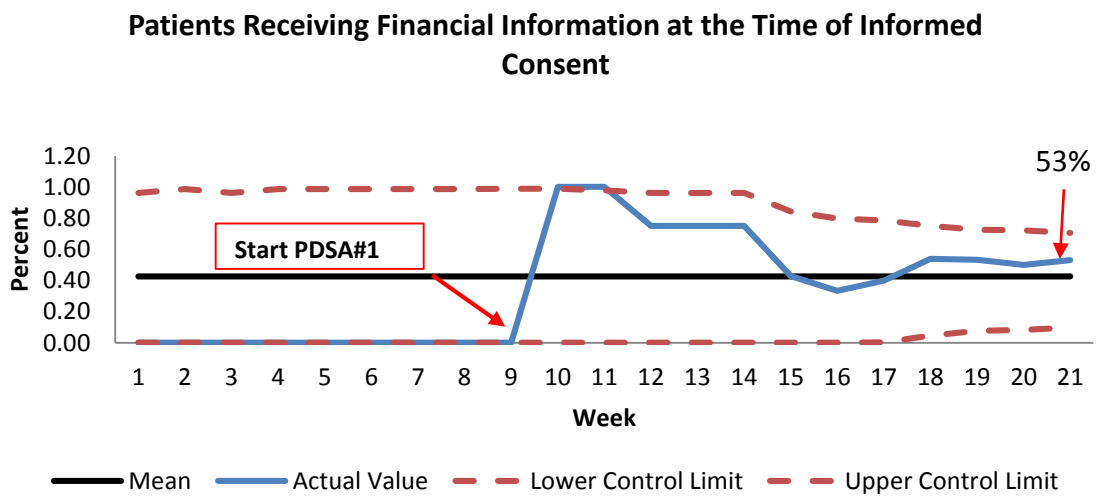
TEAM:

Oncology: Tom Hensing, MD
Pharmacy: George Carro, RPh
Anna Palafox, PharmD
Nursing: Margaret Whalen, RN
Admin: Tyler Bauer, VP

PROJECT SPONSORS:

- Bruce Brockstein, MD
- Ted Mazzone, MD

RESULTS:



CONCLUSIONS:

- **Although the primary aim was not met, the proportion of patients receiving information about financial risk and available cancer center financial support services at the time of informed consent increased from 0% to 53%.**
- **The revised prior authorization process increased the proportion of patients starting treatment after prior authorization from 50% to 94%.**

NEXT STEPS:

- Continue monthly meeting of the Financial Toxicity working group
- Establish ability to track patient financial toxicity through the NCCN Distress and COST tools
- Prepare medical staff for incorporation of the ASCO Value Tool into the informed consent process