

# Immuno-Oncology in the Community Setting: Coordination of Care

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# Financial Disclosures

- I do not currently have any relevant financial relationships to disclose

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# Objectives

Brief overview of care coordination and considerations for I-O patients in the community setting.

- Role of Immunotherapy coordinator
- Patient selection
- Access to I-O agents
- Financial concerns/reimbursement
- Staff and patient teaching
- Adverse event monitoring in the community setting.

# Immunotherapy Coordinator

- Primary contact for patients.
- Organize and pre-screen patients for I-O regimens
- Connect patients with Financial Advocate for early billing explanation/intervention.
- Coordinate patient care including follow up, tests/procedures, consultations.
- Educate staff and patients on potential adverse events and irAE's for timely intervention.

Dutcher, Janice, Douglas Schwartzenruber, Howard Kaufman, Sanjiv Argarwala, Ahmed Tarhini, James Lowder, and Michael Atkins. "High Dose Interleukin (Aldesleukin)-expert Consensus on Best Management Practices-2014." *Journal for Immunotherapy of Cancer* 26 Feb. 2014: 1-23.

# Immuno-Oncology Patients: Screening Considerations

- Patient interview and review of medical record for pre-existing conditions, or prior adverse events.
- Communicate screening concerns to treating physician.
- Use caution when patients present with pre-existing conditions and/or prior adverse events.

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# Access to Immuno-Oncology Agents

Several barriers to accessing I-O agents:

- Low patient volumes.
- P&T committee approval.
- I-O agent cost.

# Coordinating Financial Concerns

- Third party payers
  - Pre-determination
- Medicare/Medicaid
  - No pre-determination
- Financial Counseling
  - Address concerns early to avoid unnecessary worry for the patient.
  - Discuss out of pocket costs.
  - Utilize assistance programs

Ubel, P., Abernethy, A., & Zafar, Y. (2013). Full Disclosure-Out-of-Pocket Costs as Side Effects. *New England Journal of Medicine*, 369(16), 1484-1486.



# Patient Education on Adverse Events

- Ongoing patient and caregiver teaching.
- Wallet cards and/or symptom logs.
- Encourage accurate reporting of adverse events.

Fecher, Leslie, Sanjiv Agarwala, Stephen Hodi, and Jeffrey Weber. "Ipilimumab and Its Toxicities: A Multidisciplinary Approach." *The Oncologist* 18 (2013): 733-43. Print.

# Staff Education on Adverse Events

- Education should include:
  - Office Staff-Triage.
  - RN Education.
  - Advanced Practice Nurses or Physician Assistants.
- Adverse event treatment algorithms.
- Late appearing side effects

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Kannan, R., Madden, K., & Andrews, S. (2014). Primer on Immuno-Oncology and Immune Response. *Clinical Journal of Oncology Nursing*, 18(3), 311-326.

Ledezma, Blanca, and Annie Heng. "Real-world Impact of Education: Treating Patients with Ipilimumab in a Community Practice Setting." *Cancer Management and Research* 6 (2014): 5-14. Print.

# Care Coordination Between Treatment

Important to stress communication between treatments or after treatment.

- Regular follow-up phone calls by clinic staff to assess for irAE's.
- If irAE's are being experienced daily phone calls to track severity of symptoms.
- Monitor response to medications.
- Increase frequency of laboratory monitoring and/or office visits to assess irAE's.
- Instruct patient to visit emergency department if adverse event is high-grade/life threatening.

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# Care Coordination for Travel

Proactive management prior to patient's travel plans:

- Patients should bring education/side-effect materials with them.
- Confirm patient has contact information for treating physician.
- Write prescriptions in advance.
- Encourage patient to research nearby hospitals and emergency departments.
- Instruct patient to go to emergency department if adverse events are not controlled.

Ledezma, Blanca, and Heng, Annie. "Real-world Impact of Education: Treating Patients with Ipilimumab in a Community Practice Setting." *Cancer Management and Research* 6 (2014): 5-14. Print.

# Care Coordination After Treatment

- Encourage patient to keep long-term follow-up appointments.
- Assess for new irAE's at long-term follow-up visits.
- Continue assessment and management of chronic irAE's
- Consider survivorship issues associated with long-term irAE's

Johnson, D., Friedman, D., Berry, E., Decker, I., Ye, F., Zhao, S., . . . Lovly, C. (2015). Survivorship in Immune Therapy: Assessing Chronic Immune Toxicities, Health Outcomes, and Functional Status among Long-term Ipilimumab Survivors at a Single Referral Center. *Cancer Immunology Research*, 3(5), 464-469.

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