

Medically Integrated Pharmacy: *Improving Operations & Patient Care Through Collaboration & Coordination*

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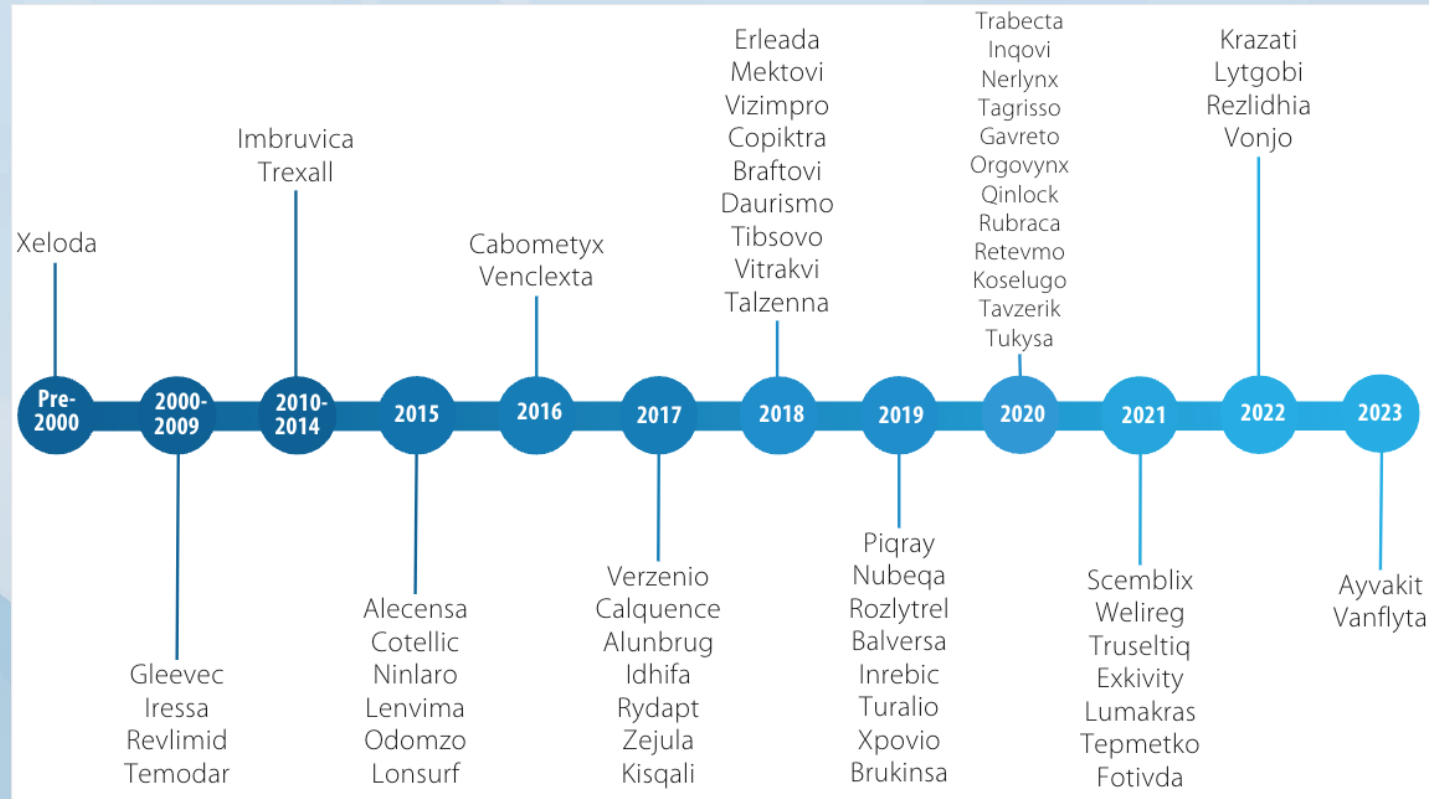


Inception of the Medically Integrated Pharmacy (MIP)

- Targeted therapy / precision medicine
- Growth of oral oncolytics
- Expansion to pharmacy benefits to medical
- Clinical fragmentation

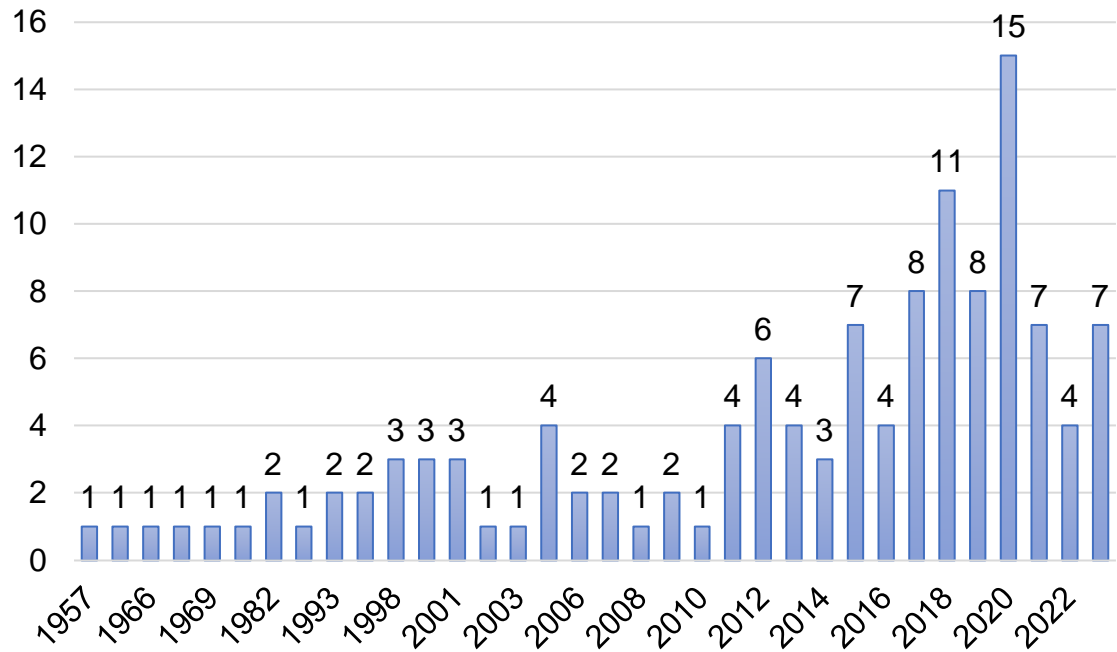


Timeline of FDA Approved Oral Oncolytics

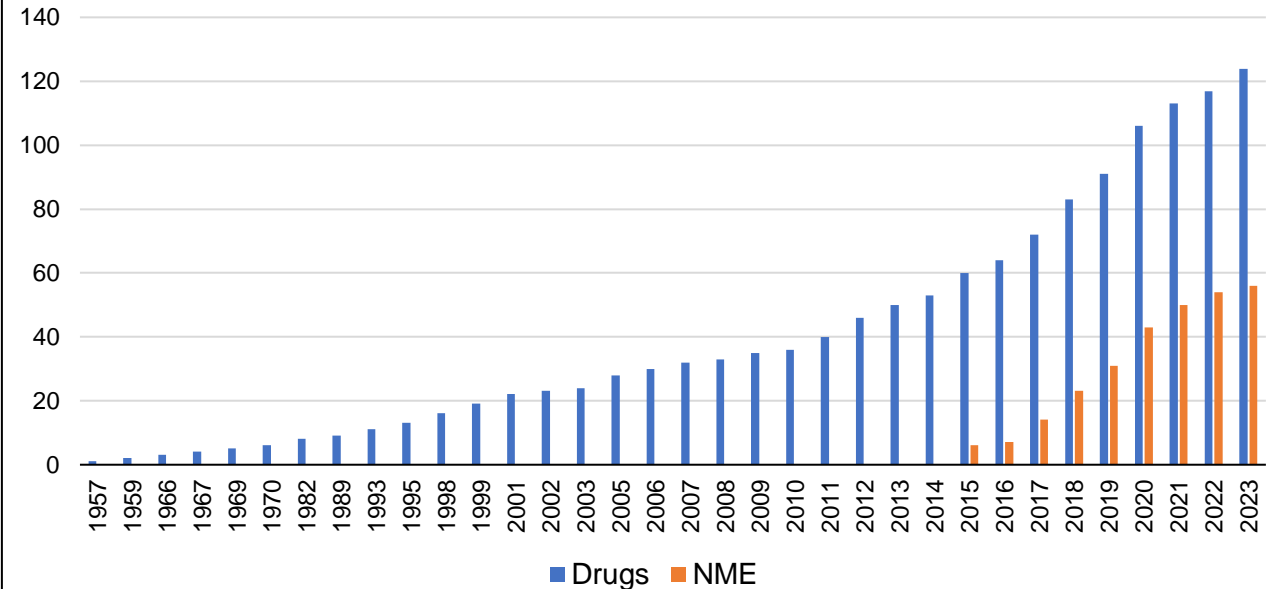


FDA Approvals of Oral Oncolytics

Oral Oncology Drugs By Year



Total Oral Oncology Drugs & NME



Convergence of Patient Care & the Business of Oncology

- The impact of prescription steerage
 - *Going Beyond the First Fill*¹
 - In-network pharmacy status
- Patient population management
- Regimen level management
 - IV/Oral combinations
 - Single & combination oral therapies
- Coordination of care²



Quality + Value = Opportunity

Medically Integrated Pharmacy (MIP)

“A dispensing pharmacy within an oncology center of excellence that promotes a patient-centered, multidisciplinary team approach. The MIP is an outcome-based collaborative and comprehensive model that involves oncology health care professionals and other stakeholders who focus on the continuity of coordinated quality care and therapies for cancer patients.”

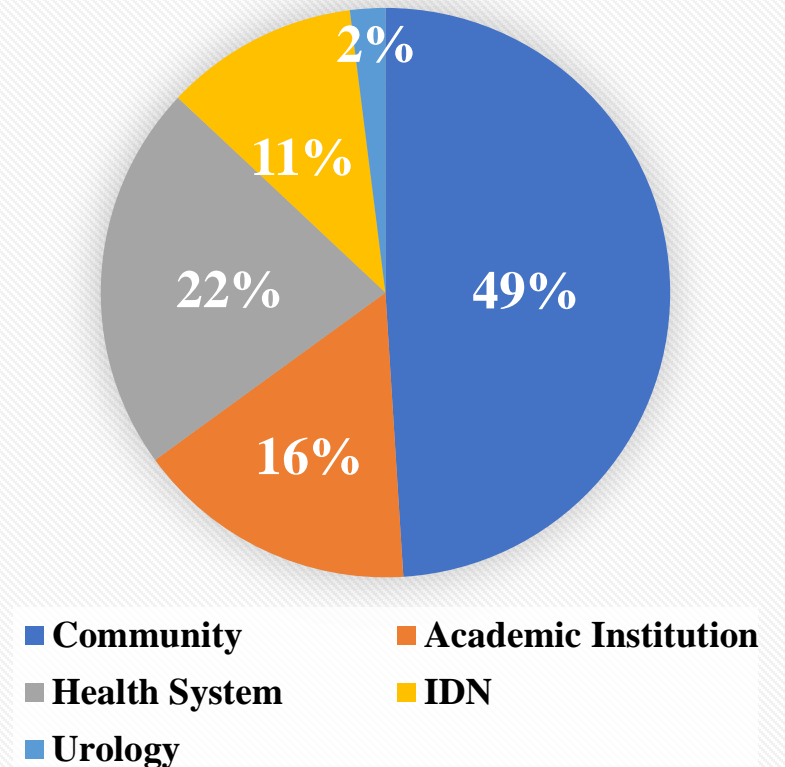
Source: www.ncoda.org/medically-integrated-dispensing-pharmacy



About NCODA

- International non-profit **501(c)(3)** established in 2015
- **Empower the medically-integrated oncology team** to deliver positive, patient-centered outcomes by providing leadership, expertise, quality standards and best practices.
- Resources covering all aspects of pharmacy practice: clinical, operational, business and policy
- **8,000+** Members
 - 50 US States & 20+ Countries

Membership Breakdown



MIP Models

Community Oncology

- Practice owned
- Pharmacy staff have access to the EMR
- Classification Designations:
 - In-office dispensing (IOD)
 - Physician Licensure
 - Retail (Closed Door)
 - Licensed by State Board of Pharmacy
 - Central Fill Design
- Specialty Pharmacy Accreditations
 - Drug Access & Affordability
 - Education, Adherence and Outcomes

IDN & Academic Centers

- Pharmacy services inclusive of specialty products
- Pharmacy staff have access to the EMR
- On-site, embedded within clinics and /or central fill model
- Specialty Pharmacy Accreditations
 - Drug Access & Affordability
 - Education, Adherence, and Outcomes
- Pharmacists may be disease state specific

Benefits of Medically Integrated Pharmacy

Creating a Win-Win-Win-Win

Patient Care

- Increased fulfillment rate
 - Prior authorization
 - Financial support¹
- Improved speed to therapy²
- Continuity of care²
- Improved medication adherence²

Care Team

- Enhanced coordination³
- Increased visibility in RX fulfillment
- Staffing optimization
- Better clinical management and outcomes³

Practices

- Comprehensive patient management
- VBC readiness
- Cost avoidance / waste reduction⁴
- Revenue diversification

NCODA Quality Standards



¹<https://tinyurl.com/49b6p4d3>

²<https://tinyurl.com/2s3e57mj>

³<https://tinyurl.com/d7uau8j>

⁴<https://tinyurl.com/mr2dyrmj>

Resources for MIPs

Resource

➤ Quality Standards

National Community Oncology Dispensing Association, Inc.

Positive Quality Interventions (PQI's) Quality Standard

Positive Quality Interventions (PQI) will be performed by the in-office dispensing (IOD) 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.

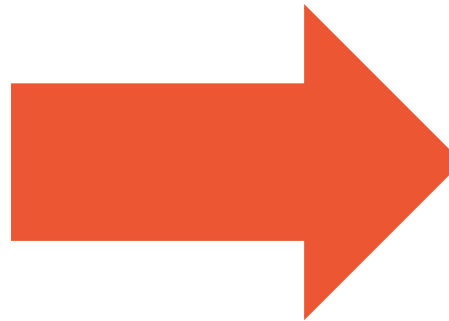
All PQI's will be documented in the patient's medical record to ensure that any pertinent information related to the dispensing of oral medication is continuously tracked and available to Clinical staff.

The dispensing team will advocate on the patient's behalf regarding insurance benefit investigation, coverage determination (including out-of-pocket expenses), and referral to patient assistance programs and foundations.

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

Positive Quality Interventions (PQI's):

- **Clinical Reference Tools** - NCODA will establish clinical reference tools for oral cancer drugs. An up-to-date library will be maintained on the NCODA website. Practices should consider utilizing these tools to ensure the dispensary team is offering accurate and consistent information to patients.
- **Patient Education** - NCODA standardized references - Patient education materials will be at 4-6th grade reading level. NCODA website archives education materials that have been reviewed by NCODA leadership and follow a standardized template.
- **Inventory Maintenance** - NCODA practices should maintain adequate inventory of oncology in order to provide "at-the-ready" dispenses, enabling timely initiation of therapy.
- **Pharmacist validation prior to dispense:**
 - indication/diagnosis
 - dosage
 - treatment schedule
 - drug interactions (including dietary, non-prescription medications and complementary medicines)
 - allergies
 - appropriate lab values and companion diagnostics
 - duplicate therapy
 - most recent provider note will be reviewed to validate treatment plan.
 - Medications (first fill and refills) only dispensed after confirmation with physician



ASCO special articles

Patient-Centered Standards for Medically Integrated Dispensing: ASCO/NCODA Standards

Melissa S. Dillmon, MD¹; Erin B. Kennedy, MHS²; Mary K. Anderson, BSN, RN, OCN³; Michael Brodersen, PharmD⁴; Howard Cohen, RPh, MS⁵; Steven L. D'Amato, BScPharm⁶; Patty Davis, BSN, RN, OCN⁷; Gury Doshi, MD⁸; Stuart Genschaw, MHA, MBA⁹; Tssam Washko, MD¹⁰; Wayne Combs, MD¹¹; Rajiv Panikkar, MD¹²; Eileen Peng, PharmD¹³; Luis E. Raez, MD¹⁴; Ellen A. Ronnen, MD¹⁵; Bill Wimbiscus¹⁶; and Michael Refl, MBA, PharmD¹⁷

abstract

PURPOSE To provide standards for medically integrated dispensing of oral anticancer drugs and supportive care medications.

METHODS An Expert Panel was formed, and a systematic review of the literature on patient-centered best practices for the delivery of oral anticancer and supportive care drugs was performed to April 2019 using PubMed and Google Scholar. Available patient-centered standards, including one previously developed by the National Community Oncology Dispensing Association (NCODA), were considered for endorsement. Public comments were solicited and considered in preparation of the final manuscript.

RESULTS A high-quality systematic review that was current to May 2016 was adopted into the evidence base. Five additional primary studies of multifaceted interventions met the inclusion criteria. These studies generally included a multicomponent intervention, often led by an oncology pharmacist, and also included patient education and regular follow-up and monitoring. These interventions resulted in significant improvements to patient quality and safety and demonstrated improvements in adherence and other patient outcomes.

CONCLUSION The findings of the systematic review were consistent with the NCODA patient-centered standards for patient relationships and education, adherence, safety, collection of data, documentation, and other areas. NCODA standards were adopted and used as basis for these American Society of Clinical Oncology/NCODA standards. Additional information is available at www.asco.org/mid-standards.

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INTRODUCTION

For the most part, antineoplastic drugs are delivered intravenously; however, the prescription of oral anticancer drugs is becoming more common, and many of the new antineoplastic agents currently in development are oral options.¹ Oral administration can be more convenient for patients because hospitalization is not required; however, it also presents unique challenges, with patients and caregivers being responsible for correct adherence to prescriptions that are self-administered in the home, as well as financial and other challenges.²

Typically, prescriptions for oral medications are submitted to centralized pharmacies and delivered to patients through mail order.³ While this model may offer an economy of scale, many practices have cited delays in receipt of mail order prescriptions due to processing and transit times.⁴ In addition, filling

prescriptions through pharmacies that are located remotely from the clinical practice may result in fragmentation of care provision, inadequate follow-up and monitoring of patients, and insufficient exploration of the possibilities for financial assistance for patients.⁵ More recently, to address these limitations, an increasing number of oral anticancer drug prescriptions are being filled under an alternative model called medically integrated dispensing (MID), wherein patients' prescriptions are processed and dispensed through a pharmacy located within the oncology clinic, rather than via mail order. Proponents of MID cite the advantage of convenience for patients, because medications can be dispensed at the time of the clinic appointment. Cost savings to the system may also be realized; mail order pharmacies usually deliver prescriptions prior to the start of the next chemotherapy cycle and may not have the capacity to respond to changes in prescriptions in a timely way. By contrast,

ASSOCIATED CONTENT

Appendix

Data Supplement

Author affiliations and support information (if applicable) appear at the end of this article.

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NCODA.ORG

Resource

➤ **Pharmacy accreditation program** that is specific to **medically integrated oncology**



The NCODA CoE MIP Accreditation Program meets the four goals of the **Quadruple Aim**



Based on compliance with the **ASCO/NCODA Patient-Centered Standards** for Medically Integrated Dispensing

Accreditation Impact

- **Improved** medication adherence (95% PDC vs. market avg. of 80%)¹
- **Reduced** waste through improved cost avoidance (15% reduction in waste)¹
- **Shortened** medication fill times (80% reduction - 16 HR to 3 HR)¹



Resource

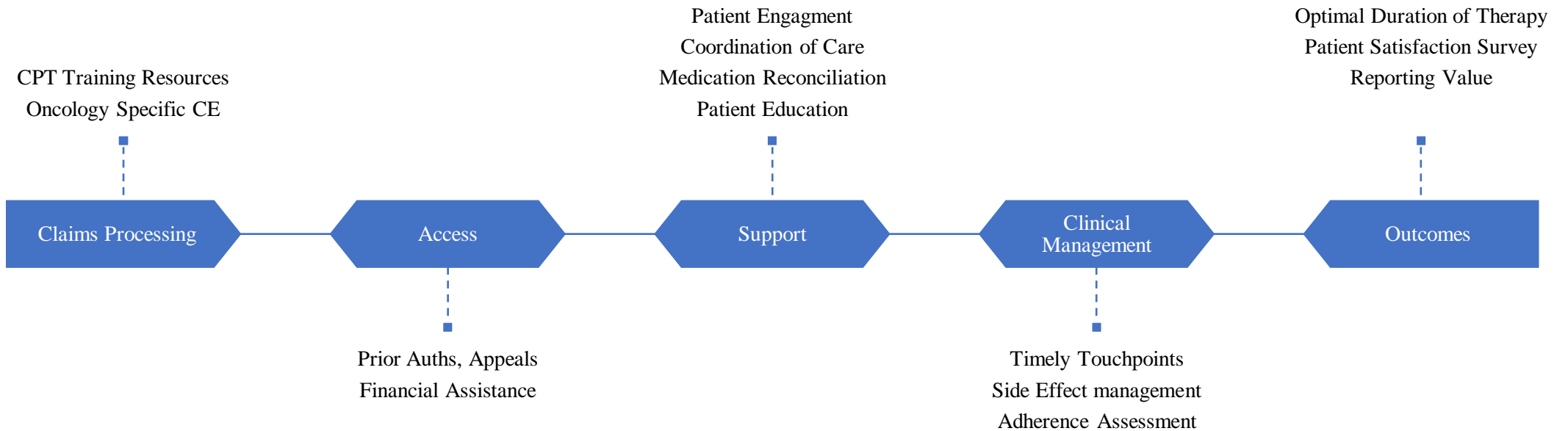
➤ Concise and precise peer-reviewed clinical guidance documents for healthcare providers

SHARING BEST PRACTICES THROUGH PQI

HOW NCODA'S POSITIVE
QUALITY INTERVENTION
INITIATIVE HELPS OPTIMIZE
PATIENT CARE AND SAFETY




Resources and Community for Establishing and Evolving Best Practice



Resource

➤ **Standardized education** for patients and caregivers surrounding oral & IV medications

ORAL CHEMOTHERAPY EDUCATION



ABEMACICLIB


Storage and handling

Handle abemaciclib with care. Just like when chemotherapy is given into the vein, this drug can be toxic, and exposure of the drug to others should be limited.

- Store abemaciclib at room temperature (68°F–77°F) in a dry location.
- Keep abemaciclib out of reach of children and pets.
- Leave abemaciclib in the provided packaging until it is ready to be given.
- Whenever possible, give abemaciclib to yourself and follow the instructions on the packaging. If you are unable to do so, give the abemaciclib to you, they also need to follow these steps:
 1. Wash hands with soap and water.
 2. Put on gloves to avoid touching the medication. (Gloves are provided.)
 3. Gently transfer the abemaciclib from its packaging to a small pill cup.
 4. Administer the medicine immediately by mouth with water.
 5. Remove gloves and do not use them for anything else.
 6. Throw gloves and medicine cup in household trash.
 7. Wash hands with soap and water.
- If a daily pill box or pill reminder will be used, contact your care team for instructions.
 - The person filling the box or reminder should wear gloves (gloves are provided).
 - When empty, the box or reminder should be washed with soap and water after the task is complete, whether or not gloves are worn.
- If you have any unused abemaciclib, **do not** throw it in the trash. Contact your care provider or pharmacist about proper disposal of abemaciclib.
- If you are traveling, put your abemaciclib's packaging in a sealed bag. Precautions are needed.

Page 2

INTRAVENOUS CANCER TREATMENT EDUCATION



CABAZITAXEL

Name of the regimen and cancer drugs

Cabazitaxel (kuh-BA-zih-TAK-sil): Jevtana

Common uses

Cabazitaxel in combination with prednisone is used to treat prostate cancer after treatment with docetaxel. This regimen may be used for other treatments.

Treatment schedule

Your treatment will be given into your vein through an intravenous (IV) line. This may be into a short, flexible temporary catheter in your arm, or through a central venous catheter. A central venous catheter, or central line is a long, flexible IV tube that empties into a very large vein next to the heart. Talk with your care team to see which will be best for you and your treatment.

Each cabazitaxel treatment is repeated every 21 days. This is known as one cycle. Your treatment may be given for a set number of cycles, or it will keep going until the drug stops working or you have side effects which stop you from continuing treatment.

- There are many dosing strategies for cabazitaxel, but the most common schedule is given on Day 1
- You will also take prednisone as an oral pill taken once daily Day 1-21.

Drug	DAY	1	2	3	4	5	6	7	8	9	10	...	21	Cycle 2 Day 1
Cabazitaxel														
Prednisone														

Page 1

Resource

- **Financial support resources**
- Tools to facilitate tracking
 - **Cost Avoided** by pharmacy intervention and patient management
 - **Track Drug waste** due to inappropriate, untimely RX refills from non-integrated pharmacies

FINANCIAL ASSISTANCE TOOL

The Financial Assistance Tool is a readily available resource for oncology healthcare professionals to use when assisting patients struggling to pay for cancer treatment. Many types and levels of assistance are available.

The NCODA Financial Assistance Tool provides up-to-date and comprehensive financial resource information about dozens of chemotherapy and anti-cancer treatment options.

This tool is available in a convenient online format and as a downloadable Excel spreadsheet on the NCODA website in the Member Resources tab.



NCODA FINANCIAL ASSISTANCE TOOL



START UTILIZING THE FINANCIAL ASSISTANCE TOOL TODAY!

Scan to visit www.ncoda.org/financial-assistance

HELP US CREATE CHANGE AND ACCOUNTABILITY FOR HEALTHCARE SPENDING NATIONWIDE!

Cost Avoidance & Waste Reported To Date by NCODA Members

Cost Avoidance

\$17,942,024

Waste

\$14,991,729

To learn more about the tracker tool, please visit www.NCODA.org/CAWT

Resource

➤ Patient satisfaction templates

- Branded to Practice
- Trend pharmacy performance
- Allows national comparison

The image displays three overlapping patient satisfaction survey templates. The top-left template is from Lancaster Cancer Center, featuring the logo and the tagline "Care Beyond Treatment". It includes questions about where patients receive oral oncology medication and a Likert scale for feedback. The middle template is from Texas Oncology, with the logo and tagline "More breakthroughs. More victories™". It also asks about medication sources and provides a Likert scale. The bottom-right template is from Alabama Rx, with the logo and tagline "Patient Satisfaction Survey". It includes a date field, asks about medication sources, and features a detailed Likert scale with seven categories: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied, and Not Applicable or Don't Know. All surveys include a section for additional comments and are noted as being created in partnership with NCOA.

Resource

- Multiple unique channels for **comprehensive oncology education**
 - Monthly & Quarterly Webinars
 - Clinical Updates
 - Operational Excellence
 - Resource Reviews
 - Peer Exchanges



2023 NCODA INTERNATIONAL FALL SUMMIT

Elevating the Diverse Global Practice of Medically Integrated Oncology

October 25-27
Orlando, FL
Gaylord Palms Resort

REGISTRATION OPEN



NCODA

STARK LAW TOWN HALL

AUGUST 24 | 5:30PM ET | OPEN TO ALL

Neal Dave, PharmD
Texas Oncology

Kyle Kitchen, PharmD
Utah Cancer Specialists

Eric Soong, PharmD
South Carolina Oncology Associates

Stacey McCullough, PharmD
NCODA Moderator



The NCODA Platform Allows You To:

- Stay up-to-date on topics effecting oncology practices and patients
- Be informed of legislative issues
- Collaborate with thought-leaders throughout the world

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Discussion

Join NCODA Today!

