

ASSOCIATION OF
COMMUNITY
CANCER CENTERS

Care Coordination

The Role of Pharmacy to
Help Manage Patients with
Cancer on Oral Oncolytics

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INTRODUCTION

Oral anti-cancer therapies have transformed the way in which care is provided to patients. When oral agents are equally efficacious as parenteral treatments given in infusion centers and other healthcare settings, most patients with cancer prefer oral agents because they can be taken at home.¹ Because oral anti-cancer agents are most often administered outside of the clinic setting, it takes a multidisciplinary team to successfully manage these patients and their treatments.^{2,3}

Effective oral chemotherapy programs require three key components:⁴

1. Cancer programs must offer resources and tools to mitigate the patient financial burden associated with these high-cost agents.
2. Patients must adhere to and comply with their clinicians' instructions.
3. Patients must be regularly monitored for safety.

Every cancer center manages its oral chemotherapy program differently. Some operate their own specialty pharmacies designed to promote a patient-centered, multidisciplinary team environment in an approach called medically integrated dispensing.⁵ A medically integrated dispensing pharmacy is defined as "an outcome-based collaborative and comprehensive model that involves oncology healthcare professionals and other stakeholders who focus on the continuity of coordinated quality care and therapies for cancer patients."⁵ Others use specialty pharmacies in their communities or work with large nationwide healthcare chains (ACCC Focus Group Discussions, January 2021). Patient education on how to properly take oral medications differs from facility to facility. There is also wide variation in how cancer programs monitor patients' drug regimen compliance and adherence.

This publication profiles four cancer programs that have developed effective practices to better manage oral anti-cancer medication dispensing and improve patient outcomes.

ACCC EDUCATION PROJECT ADDRESSES THE ROLE OF PHARMACY TO HELP MANAGE PATIENTS WITH CANCER ON ORAL ONCOLYTICS

In March 2020, the Association of Community Cancer Centers (ACCC) launched its education project, *Evaluating Dispensing*

Models to Improve Cancer Care Delivery. A key component of this project was an online, internally validated survey developed with a committee of expert pharmacists and other oncology specialists who collaborate closely with pharmacy. The survey was administered nationwide to multidisciplinary cancer care team members. Survey data provided learnings into medically integrated dispensing programs, both internal and external specialty pharmacy relationships, pharmacy team dynamics, and telehealth. Following this survey, ACCC conducted focus groups with four cancer programs to better understand how each navigates the complex issue of dispensing oral oncolytics.

The survey and focus groups identified three issues common to all dispensing models:

- Communication challenges among care teams.
- Patient adherence to medication dosing and scheduling.
- Care coordination between patient care teams and external specialty pharmacies.

In a growing number of cases, manufacturers and/or payers restrict the dispensing of certain oral anti-cancer therapies to select specialty pharmacies. These restrictions can be challenging for cancer programs. These restrictions complicate care coordination, often delay the initiation of therapy, and are not necessarily helpful for care delivery.

ACCC SURVEY RESULTS

Survey questions sought deeper insight into the role pharmacy plays to manage patients on oral oncolytics, and how each one managed financial support systems; delivered patient education; and monitored patient adherence, compliance, and safety. The survey also asked questions related to pharmacy operations and care coordination as patients transition between care settings.

Launched in September of 2020, 123 individuals from 59 unique cancer programs in the United States responded to the survey. The respondents were comprised of nurses (28%), pharmacists (22%), administrative personnel (20%), physicians (13%), financial advocates (10%), pharmacy technicians (7%), and social workers (1%). Almost three-fourths of survey respondents (74%) had more than five years' experience dispensing oral anti-cancer medications and half had more than 10 years of experience. Survey respondents worked at community cancer programs, academic cancer programs, physician practices, and teaching hospitals. Of those, 42% worked in community programs and 52% represented urban communities.

Survey respondents represented five different types of dispensing models:

- **54%** in-house pharmacies **with** the option to dispense specialty drugs.
- **12%** in-house pharmacies **without** the option to dispense specialty drugs.
- **23%** mail order pharmacies **with** the option to dispense specialty drugs.
- **12%** mail order pharmacies **without** the option to dispense specialty drugs.
- **4%** oral anti-cancer drug repositories make unused medications available to patients who would not otherwise be able to afford essential cancer medications.⁷

In addition to questions about use of external specialty pharmacies, workflow, and processes, the survey focused on five challenges patients face when they are prescribed oral oncolytic therapies:

1. High out-of-pocket costs.
2. The inability to afford co-payments.
3. The lack of available patient assistance programs.
4. The ability to obtain prescription refills in a timely manner.
5. Co-pay accumulator practices (a strategy used by payers and pharmacy benefit managers that stop manufacturer co-pay assistance coupons from counting toward a patient's deductible and maximum out-of-pocket spending).⁸

When respondents were asked about the effect of sending prescriptions to external specialty pharmacies:

- **98%** believe treatment may be delayed.
- **77%** believe communication is limited between the specialty pharmacy and the care team.
- **77%** believe there is an inability to adequately track patient adherence and compliance.
- **73%** believe that financial assistance for patients is limited.
- **72%** believe that patients are required to work with unfamiliar care providers.
- **66%** believe that barriers to access are created.
- **48%** believe that patients' access to their care team to ask questions is limited.

When asked how survey respondents used telehealth in their work:

- **58%** used telehealth for follow up after the initiation of the patient's treatment.
- **47%** used telehealth to monitor adherence to treatment protocols.
- **46%** used telehealth to provide initial patient education.
- **42%** used telehealth to monitor adverse events.
- **33%** used telehealth to follow up on prior authorization.
- **4%** used telehealth for reasons other than the ones listed above.

Some survey questions were specific to a particular dispensing model. Below are the most significant findings from *in-house pharmacies without the option to dispense specialty drugs*:

- **73%** are concerned about the lack of available patient assistance programs.
- **53%** are concerned about high out-of-pocket costs.
- **53%** are concerned about the ability to obtain refills in a timely manner.
- **47%** are concerned about the use of co-pay accumulators.
- **40%** are concerned that their patients are unable to afford their co-payments.
- **27%** are concerned their patients are unable to adhere to their oral chemotherapy regimen because of high out-of-pocket costs.

Below are the most significant findings from *in-house pharmacies with the option to dispense specialty drugs*:

- **71%** are concerned about high out-of-pocket costs.
- **66%** are concerned that their patients are unable to afford their co-payments.
- **52%** are concerned their patients are unable to adhere to their oral chemotherapy regimen because of high out-of-pocket costs.
- **40%** are concerned about the lack of available patient assistance programs.
- **34%** are concerned about the use of co-pay accumulators.
- **31%** perceived that their patients' ability to obtain oral anti-cancer therapy refills from them was a challenge.

Appendix A, page 12, is an infographic of key survey findings.

FOCUS GROUPS SHARE EFFECTIVE PRACTICES

Following survey completion, ACCC conducted focus groups with four cancer programs representing diverse regions, program size, and dispensing models (ACCC Focus Groups, January 2021):

1. **Billings Clinic, Billings Clinic Cancer Center**, Billings, Montana. A comprehensive community cancer program with its own specialty pharmacy.
2. **Franciscan Health Cancer Center Indianapolis**, Indianapolis, Indiana. A comprehensive community cancer program that does not have its own specialty pharmacy.
3. **NorthShore University HealthSystem, Kellogg Cancer Center**, Evanston, Illinois. An academic comprehensive cancer program with its own specialty pharmacy.
4. **Norton Cancer Institute**, Louisville, Kentucky. An integrated network program with its own specialty pharmacy.

These focus groups identified the following effective practices.

Insight 1. Medically Integrated Dispensing May Offer Significant Advantages

(ACCC Focus Groups, January 2021)

Across all focus groups, ACCC uncovered an overarching theme—a strong preference for medically integrated dispensing. In this model, because pharmacy is integrated within the health-care system, once an oral anti-cancer drug is prescribed, internal specialty pharmacy staff can dispense therapies more quickly than external pharmacies. Pharmacists associated with medically integrated dispensing can also:

- Provide patient education.
- Communicate issues and concerns directly with local care teams.
- Access patient medical records to evaluate labs and provider documentation.
- Document their own work directly into the program's electronic health records (EHRs).

Some cancer programs have also developed collaborative practice agreements that allow pharmacists to manage some aspects of patient care, such as prescribing anti-nausea medications when appropriate.

Insight 2. Standard Operating Procedures Can Be Valuable Tools

(ACCC Focus Groups, January 2021)

Healthcare institutions tend to define the roles and responsibilities of staff members in standard operating procedures, or SOPs. SOPs define the scope of a care team's responsibilities and outline how care will be delivered. Issues that can be addressed in an SOP include:

- What clinical evaluations need to be carried out when a new drug is prescribed?
- Who is responsible for patient education and when?
- How will patient adherence and compliance to therapies be assessed and documented in the EHR?
- Should the cancer program employ financial navigators and if so, what will be their scope of work?

Insight 3. Key Issues Must Be Addressed When Using Medically Integrated Dispensing or Specialty Pharmacies

(ACCC Focus Groups, January 2021)

If a cancer program does not have a medically integrated dispensary or an internal specialty pharmacy, the cancer program should identify a direct point of contact at any and all external specialty pharmacies. This helps minimize staff time wasted navigating automated phone systems and challenges related to speaking to a different person on every call.

When an external specialty pharmacy is used, care teams should consider sending prescriptions early because of the additional time it takes for these pharmacies to dispense medications. Unfortunately, this practice often means that patients need to be seen earlier than is clinically appropriate, and that sometimes prescriptions already sent in must be changed once patients are seen.

In addition, external specialty pharmacies do not have a direct way to communicate with cancer care teams to know when patients receive their medication and when patients began taking it. External specialty pharmacies also do not have access to documentation, chart notes, and labs. Many external specialty pharmacies do not even have a full list of the medications a patient is taking and, therefore, cannot address possible drug interactions.

Working with external specialty pharmacies places a significant burden on cancer care teams who need to know where patients are in the course of their therapy. It leads to a fragmented care model—and both survey and focus group participants unanimously reported that the time it takes to dispense medications is longer when external specialty pharmacies are involved.

Insight 4. Telehealth Can Be a Useful Tool

(ACCC Focus Groups, January 2021)

Many cancer care teams are using telehealth interventions in innovative ways, especially once the COVID-19 pandemic made visits to healthcare facilities problematic for immune-compromised patients. These include:

- Educating patients.
- Following up with patients post-treatment.
- Ensuring patient adherence to medication schedules.
- Monitoring adverse events.
- Completing insurance-mandated prior authorizations.

Insight 5. Financial Navigation Plays an Important Role

(ACCC Focus Groups, January 2021)

Many oral chemotherapy agents come with a high price tag, and patients bear much of these costs through out-of-pocket responsibilities such as premiums, deductibles, coinsurance, and co-pays.⁹ Financial navigators guide patients through the complexity of our nation's health insurance system and reduce financial barriers to care. By helping patients access resources like foundation or pharmacy patient assistance programs, financial navigators reduce patient financial toxicity and distress. Financial navigators (or in some cancer programs revenue cycle management) also help ensure prior authorizations from insurers are in place when new therapies are initiated.

Insight 6. EHRs Can Provide Valuable Support

(ACCC Focus Groups, January 2021)

All four cancer programs that participated in the ACCC focus groups used EHRs. Integrating the EHR and the pharmacy not only reduced or eliminated the need for paper orders, but also optimized workflows. Conversely, focus group participants reported difficulties in both tracking patients and transferring data when patients were required to receive medications from external pharmacies, either specialty or otherwise.

Insight 7. Patient Education is Critical to Therapeutic Success

(ACCC Focus Groups, January 2021)

Many barriers can affect a patient's adherence to an oral chemotherapy regimen, including:¹⁰

- Cost.
- Dosing complexity.
- Forgetfulness.
- Distractions of everyday life.
- Side effects.
- Misinterpretation of instructions.

Patient education should be the responsibility of every member of the multidisciplinary cancer care team. Successful models have highlighted oral anti-cancer medication education provided by nurse navigators, pharmacists, pharmacy technicians, and other disciplines. These individuals may also be asked to assess adherence, compliance, and/or other issues throughout a patient's treatment. Several organizations, such as the National Community Oncology Dispensing Association, Inc., have created educational handouts and additional information.



“If a patient is mandated to use an outside pharmacy, I follow up with that pharmacy every single day until the patient receives his or her medication. And I let the patient know that if they have trouble with those outside pharmacies, they have my contact number and they know how to reach me.”

McKenzie Percival, Oral Oncology Pharmacy Tech Liaison

BILLINGS CLINIC CANCER CENTER

A comprehensive community cancer program with its own specialty pharmacy

Billings Clinic is Montana’s largest healthcare system, serving Montana, Wyoming, and the Western Dakotas. It includes a well-established cancer program with a pharmacy-run oral chemotherapy program. Collaborative practice agreements optimize the management of patients on oral chemotherapy and define the scope of specialty pharmacists to prescribe supportive care medications.

A team of certified pharmacy technicians with the Billings Clinic Specialty Pharmacy ensure prior authorization and financial assistance are in place when new therapies are initiated. This team addresses the financial concerns of all patients. Even patients who must obtain their medications through external specialty pharmacies receive high levels of follow-up. Billings Clinic has developed tools to collect and capture dispensing and financial toxicity data to improve its dispensing process. Billings Clinic has collected data that it takes significantly longer for medications to be dispensed to patients when external specialty pharmacies fill prescriptions; when outside specialty pharmacies dispense medications, the clinic does not provide direct oversight.

A direct line of communication between physicians, nurses, and pharmacists streamlines the management of patients on oral chemotherapy. Prior to therapy initiation, patients receive medication education, therapy review, and drug interaction evaluation by specially trained pharmacists. Patients are then followed closely throughout treatment to assess for adherence, toxicities to therapy, financial concerns, and any issues that might arise.

Physicians place referrals to the pharmacist-run oral chemotherapy program. Based on this referral, pharmacists prescribe supportive care medications, such as antiemetics, order laboratory monitoring parameters as indicated for treatment, and provide adherence support. The EHR is integrated with the Billings Clinic Specialty Pharmacy for optimal workflow and communication. Patients may receive their medication refills through medically integrated dispensing, reducing the risk for medication waste.



"At the end of every day, I try to go through all my patients for that day and see if anything's changed."

My Na Simpson, PharmD, Oral Chemo Clinical Pharmacist

FRANCISCAN HEALTH CANCER CENTER INDIANAPOLIS

A comprehensive community cancer program without its own specialty pharmacy

Franciscan Health Indianapolis was named one of the 100 top hospitals in the United States by Truven Health Analytics. It includes a comprehensive community cancer program that does not have an integrated specialty pharmacy. The facility does have a retail pharmacy available, but it cannot provide most specialty medications.

Franciscan Health uses Epic software and orders chemotherapy medications directly from within the EHR. The outpatient prescription is entered within a protocol-driven treatment plan. Its pharmacists provide education and care to patients on oral chemotherapy. Franciscan Health uses resources from various organizations to optimize education for patients, including information from oralchemoedsheets.com, a resource established by the National Community Oncology Dispensing Association. At the start of treatment, a pharmacist evaluates the clinical appropriateness of the regimen and educates patients on their therapy. A Franciscan Health pharmacist is also involved in ensuring that prior authorizations are in place to ensure that once the external specialty pharmacy receives the drug, dispensing is expedited.

The external specialty pharmacy plays a reactive role in the care process. Franciscan Health providers inform their pharmacists once a new therapy is decided on for a patient, and then

Franciscan Health pharmacists begin the process for dispensing oral chemotherapy medications. Once all the clinical work is completed by Franciscan Health, the prescription is sent to the external specialty pharmacy to be dispensed.

Patients are given the phone number of the Franciscan Health pharmacy and asked to contact the clinic if they do not hear from the external specialty pharmacy within a week. **A one-week follow-up call from a Franciscan Health pharmacist ensures that patients received their therapy, that they are taking their medication appropriately, and that they have not had any side effects.**

The Franciscan Health pharmacy is involved in clinical workups (the determination of a diagnosis and an effective therapy) of all patients prescribed oral chemotherapy. Pharmacy is involved in the prior authorization process to dispense oral chemotherapy medications, and there is a dedicated process to notify the clinical pharmacist when therapy is initiated. Franciscan Health's EHR eliminates the need for paper orders. A standardized process exists for following up with patients on oral chemotherapy throughout their treatment, and Franciscan Health pharmacy designates a point of contact at each external specialty pharmacy used.

There are some limitations to this process, however. Because Franciscan Health does not have an internal specialty pharmacy, it sometimes leads to delays in the start of therapy. In addition, the external specialty pharmacy system is not integrated with Franciscan Health's EHR, which means the external specialty pharmacy does not have access to lab work, physician notes, dates when medications are dispensed, and other critical information. Finally, technicians and liaisons are not involved in the financial assistance process, and Franciscan Health believes that using pharmacists for that purpose may not be the best use of their time.



“Integration and collaboration are ingrained in our Kellogg DNA. With the collaboration and integration of nursing, pharmacy, MDs, and financial advocates, we are able to seamlessly and safely manage our patients on oral oncolytics. We have a workflow that allows for agility in responding and adapting to an ever-changing landscape.”

Margaret Whalen, RN, OCN, Nurse Navigator

NORTHSHORE UNIVERSITY HEALTHSYSTEM, KELLOGG CANCER CENTER

An academic comprehensive cancer program with its own specialty pharmacy

Kellogg Cancer Center, which supports six hospitals in the Chicago area, is an academic comprehensive cancer program with an integrated specialty pharmacy. Insurers drive the decision whether to dispense oral chemotherapy drugs from Kellogg’s internal specialty pharmacy or from external specialty pharmacies.

Kellogg’s clinicians prefer prescriptions be dispensed from the internal specialty pharmacy because they then have direct oversight into the dispensing process. Delays are much longer when oral chemotherapy medications are dispensed from an external specialty pharmacy, and communication can be fragmented because of the lack of integration between Kellogg clinicians and the external specialty pharmacies.

Kellogg Cancer Center uses Epic software for its EHR, and oral chemotherapy is generally ordered as an outpatient prescription, not as part of any protocol or plan. At present, Kellogg is working on optimizing its oral chemotherapy regimens through a pharmacy-led clinic to ensure proper monitoring and follow-up takes place.

Physician access to an internal specialty pharmacy streamlines the dispensing of medications. While the use of an EHR eliminates

the need for paper pharmacy orders, oral chemotherapy regimens have not yet been built out but are in progress. Kellogg is working on a pharmacist-led project to improve in this area as well.

A financial coordinator ensures that prior authorizations are in place when new therapies are initiated. A work queue captures oral chemotherapy medications to ensure that treatment regimens are assessed by pharmacists for clinical appropriateness and cost. **A pharmacist or a nurse provides education to all patients beginning oral chemotherapy, and a collaborative effort between Kellogg’s outpatient pharmacy, a financial coordinator, and a nurse navigator “closes the circle” from prescriber to patient adherence.**

Limitations to Kellogg’s oral chemotherapy program relate to payer-mandated use of external specialty pharmacies. When prescriptions are sent to another pharmacy to be filled, it takes longer to dispense the medication. Kellogg’s pharmacist is not involved in patient care when the prescription must be sent to external specialty pharmacies. Instead, care is managed by an oncologist and a nurse.

To date, there is no standardized way for pharmacy to follow up with patients on oral chemotherapy. Kellogg is working on a project to establish an oral chemotherapy pharmacy program to do such follow up. Also, when medications are dispensed from an external specialty pharmacy, there is a lack of direct communication and no designated contact person, resulting in multiple calls and emails and a lack of notification if a problem arises.

“We initially developed a detailed, nurse-driven process where the nurses owned each patient and proactively followed each prescription. Over time, the process has evolved into a program with a collaborative, interdisciplinary focus on our patients.”

Mary K. Anderson, BSN, RN, OCN, Oral Oncolytic Nurse Navigator



NORTON CANCER INSTITUTE

An integrated network program with a specialty pharmacy

Norton Cancer Institute is an American College of Surgeons Commission on Cancer (CoC) accredited oncology program serving Louisville and Southern Indiana. It has a well-established specialty pharmacy, as well as an oral chemotherapy management program. Norton’s multidisciplinary team is directly involved in all phases of oral chemotherapy dispensing, from treatment initiation to follow-up. Physicians, advanced practice providers, clinical oncology nurses, nurse navigators, financial coordinators, and pharmacists all play a role in caring for patients prescribed oral oncolytics. Norton’s EHR system is heavily used for internal communication between disciplines to process oral chemotherapy requests. All disciplines, including financial coordinators and pharmacists, document in the EHR to clearly define the status of a medication.

In addition to building electronic treatment plans for combination regimens, the clinical pharmacist specialist has an active role in developing a written protocol for each oral oncolytic. For the past eight years, Norton Cancer Institute has realized the value of having an oral oncolytic nurse navigator who, along with nursing leadership, oversees the process and assists in developing the interdisciplinary SOPs to provide patients with optimal care.

Education is provided to all patients prior to starting oral chemotherapy and throughout their treatment. Patient education is a collaborative effort where a clinical oncology nurse dedicated to each physician educates and obtains informed consent from the patient. **The advanced practice providers and clinical pharmacists play a critical role in providing ongoing support and education during patient office visits.**

At the Norton Specialty Pharmacy a pharmacist counsels each patient prior to the initial fill of an oral oncolytic. During each medication refill, a pharmacy technician speaks with the patient to assess for adverse events, missed doses, or other unmet needs and will triage the patient to a pharmacist if needed. The pharmacist also checks the EHR to confirm the treatment plan prior to each dispense.

The oral oncolytic nurse navigator continues to follow patients regardless of who dispenses the medication to the patient. When prescriptions must be filled by an external specialty pharmacy, they may take longer to dispense. The navigator proactively follows up with the external specialty pharmacy to avoid unnecessary delays in processing.

At Norton Cancer Institute, standard work instructions are in place to establish a consistent model for practice by defining the role of each member of the care team to promote optimal patient care and patient safety.

DISPENSING MODELS: OTHER CONSIDERATIONS

For cancer programs, the decision about which dispensing model to adopt impacts many aspects of coordinated, patient-focused care delivery, including how quickly patients receive their prescribed medications; how EHRs are used in the dispensing process; the financial burden of the cost of these medications; the way in which patient data is collected; and the use of telehealth in medication administration and management.¹¹ Dispensing decisions must also take into account factors, such as:^{9,12,13}

- State laws.
- Organizational culture and structure.
- Level of commitment to empower pharmacy staff to work at the top of their license; in other words, to use the full extent of their education, training, and experience.
- How technology is integrated and/or used to dispense medications.
- Performance metrics.
- Payer mix and payment models.
- Internal and external specialty pharmacy relationships.

As the number of oral anti-cancer medications continues to grow, so do new challenges for education, delivery, and adherence. Dispensing requirements from manufacturers, payers, and regulatory agencies are also in flux during the transition to value-based cancer care. ACCC will continue to educate its member programs about evolving models, including education and resources to help cancer programs assess which works best for their specific patient and payer populations.



Learn more by scanning this QR code or visit [ACCC-CANCER.ORG/EVALUATING-DISPENSING](https://www.accc-cancer.org/evaluating-dispensing).

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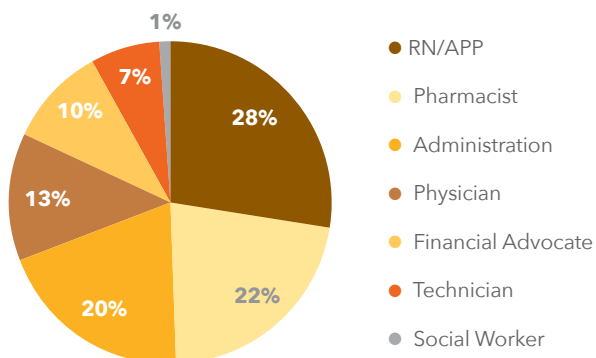
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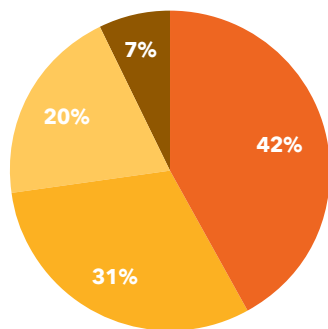
HIGHLIGHTS FROM THE 2020 ACCC SURVEY ON VARIATIONS IN CARE

Respondents comprised the following professions:

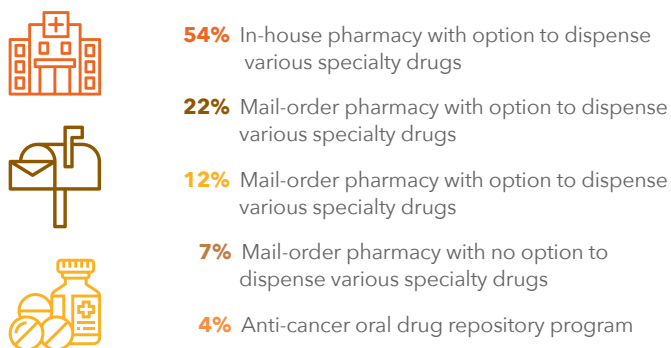


Respondents' primary cancer program affiliations were best described as:

- 42% Community cancer program
- 31% Academic/NCI cancer program
- 20% Private practice/Hospital-owned practice
- 7% Medical center/Teaching hospital



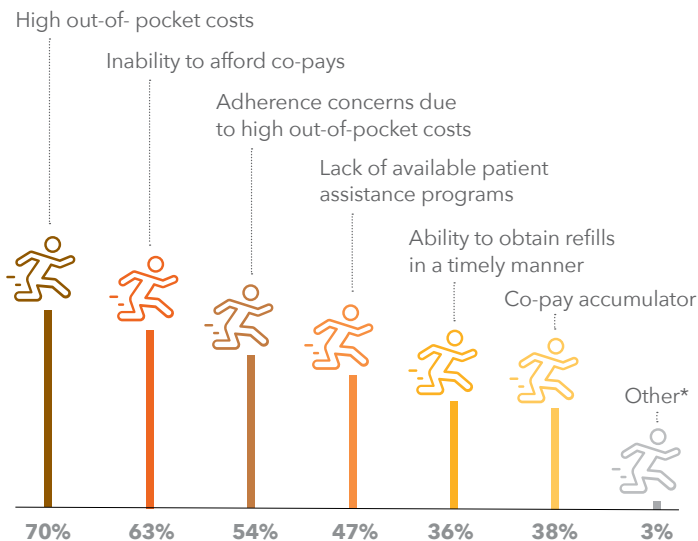
Respondents cited methods utilized by patients to fill their prescriptions for oral anti-cancer medications:



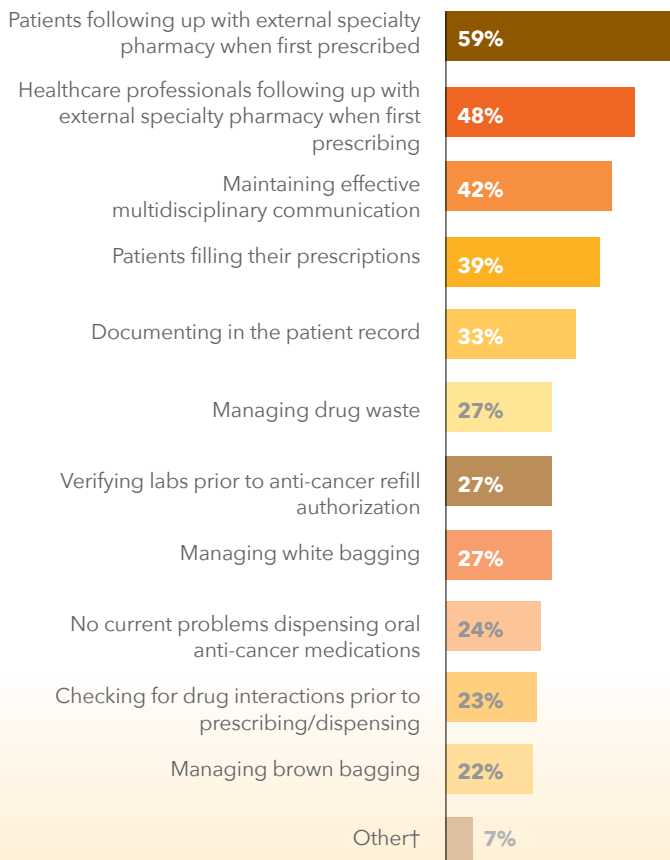
*Other responses include "lack of patient choice on who they have provide oral chemotherapy", "transient patients", and "time consuming, unreliable process when using external specialty pharmacy, which often requires hours of phone time and follow-up/confirmation".

† Other responses include "high co-pays, no charity funds available for patients to seek financial assistance", "mail-order pharmacy poaching", "insurers blocking provider from providing oral chemotherapy", "obtaining authorization in a timely fashion", "direct, timely access to an external specialty pharmacy", and "insurers mandating 'big' specialty pharmacies must dispense oral oncology".

The following challenges are faced by patients who are prescribed oral anti-cancer medications:



Problems cancer programs encounter when dispensing oral anti-cancer medications:



Strategies/resources that cancer programs have available to high-risk/vulnerable patient populations:

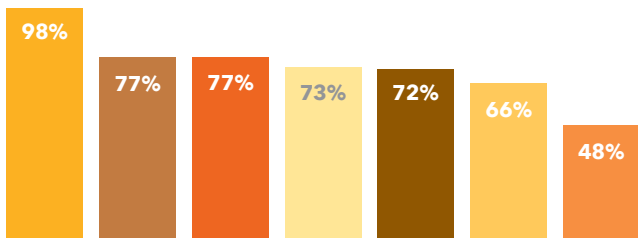


- 80%** Providing access to financial advocates/navigators
- 76%** Providing charitable care applications
- 65%** Offering insurance counseling
- 59%** Providing health coaching and/or patient education
- 59%** Providing translation services
- 53%** Connecting patients with self-management tools
- 46%** Connecting patients with oral oncolytic nurse navigators and/or social workers
- 37%** Offering accommodations for literacy



Respondents cited that patients and/or cancer programs are affected when a prescription must go to an external specialty pharmacy:

- Treatment may be delayed
- Limited communication between specialty pharmacy and care team
- Inability to adequately track adherence and compliance
- Limited financial assistance is available for patient
- Patients are required to work with non-familiar care providers
- Barriers to access are created
- Limited access to care team for questions

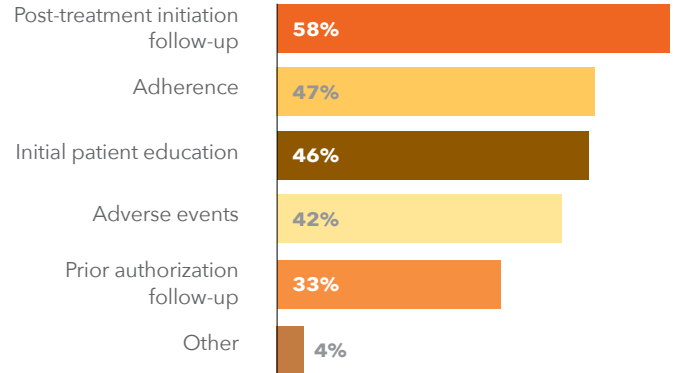


Cancer programs use telehealth/telemedicine for oral anti-cancer medication dispensing:

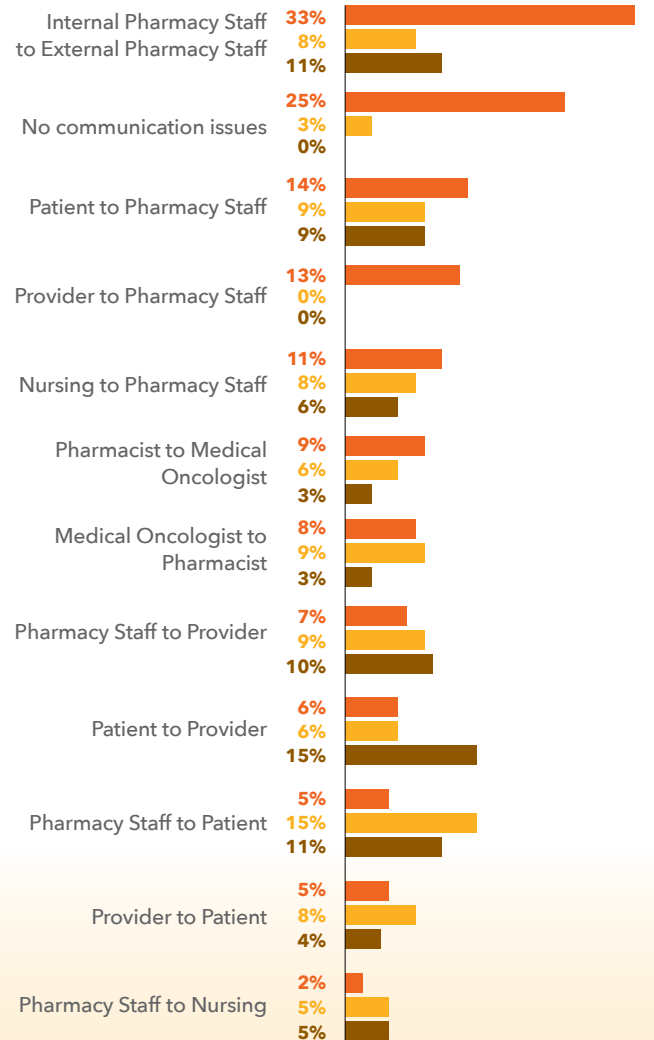


*Other responses include "unsure", "occasionally initial patient education when necessary, but not preferred, outreach calls 1 week after stat, but outreach assessments also completed if patient returns to clinic for lab work/monitoring", "unknown", "none", and "outpatient clinic mostly does telehealth not so much in-patient".

Cancer programs use telehealth/telemedicine for the following services for oral anti-cancer medication dispensing:



Respondents cited their top 3 most problematic types of communication for their cancer program's ability to dispense oral anti-cancer medications efficiently to patients:





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ASSOCIATION OF
COMMUNITY
CANCER CENTERS

ONCOLOGY
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A publication from the ACCC education program, Evaluating Pharmacy Dispensing Models to Help Improve Cancer Care Delivery. This program is part of the ACCC Oncology Pharmacy Education Network. Learn more at acc-cancer.org/OPEN.

The **Association of Community Cancer Centers (ACCC)** is the leading education and advocacy organization for the cancer care community. Founded in 1974, ACCC is powerful network of 28,000 multidisciplinary practitioners from 2,100 hospitals and practices nationwide. As advances in cancer screening and diagnosis, treatment options, and care delivery models continue to evolve—so has ACCC—adapting its resources to meet the changing needs of the entire oncology care team. For more information, visit acc-cancer.org. Follow us on social media; read our blog, ACCCBuzz; tune in to our CANCER BUZZ podcast; and view our CANCER BUZZ TV channel.

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