

Financial Advocacy in a Value-Based World

A Team-Based Approach to Managing Oral Oncolytics

Along with all of the clinical and practical benefits that come with oral oncolytics, these therapies can also present new obstacles to treatment. In addition to higher out-of-pocket expectations for some, patient monitoring of side effects and compliance with therapeutic regimen may become more complex to manage when patients take oral therapies rather than receive infusions. Oncology pharmacists have proven that they can help address these issues by taking on expanded roles to support the cancer care team, enhance patient options and access to effective treatments, improve patient outcomes, and maximize reimbursement.

These issues were addressed at the Association of Community Cancer Centers (ACCC) pre-conference workshop at its 35th National Oncology Conference in October 2018. There, Nikki Barkett, RN, BSN, OCN, an oral antineoplastics nurse navigator at the University of Arizona Cancer Center, and Eric Dallara, RPh, head pharmacist at New England Cancer Specialists, described how dedicated oral antineoplastics teams composed of oncology pharmacists, financial advocates, and nurses are streamlining the processes required for a medication to move from prescribing to dispensing and follow-up care.

The Pharmacist's Expanding Role

Increasingly complex treatment regimens; a growing number of combination therapies; multiplying indications and approvals; and continually changing regulatory, authorization, and reimbursement requirements can make treatment with oral oncolytics challenging for both patients and providers. At the same time, the cost of treatment continues to rise, increasing patient cost sharing.

The oncology pharmacist can play a pivotal role by providing education about oral agents to patients and staff, monitoring costs to the patient, collaborating with specialty pharmacies, and coordinating efforts with a nurse or nurse navigator and financial advocate to ensure patients have dedicated support. As payment models and quality programs proliferate and greater emphasis is placed on proving value as measured by programs such as the Oncology Care Model (OCM) and the ASCO's Quality Oncology Practice Initiative (QOPI), the oncology pharmacist is assuming responsibility for streamlining access, improving reporting, and enhancing the patient experience.

The Power of Teamwork

At the pre-conference, Barkett described an OCM-compliant model at the NCI-designated University of Arizona Cancer Center that was created to improve patient outcomes and lower costs by aiming to reduce the severity of side effects and the frequency of emergency room visits and hospitalizations. Under this model, the cancer center employs an oral antineoplastics team-based approach in which an oncology pharmacist, financial advocate, and nurse navigator work together to support oral oncolytic access and compliance for patients treated by the center's 28 providers. The Oral Antineoplastics Program meets daily to review individual patient prescriptions and flag items that need to be addressed.

The financial advocate handles all authorizations for oral antineoplastics and free drug applications. This team member works with patients and providers to obtain insurance information and liaise with the dispensing pharmacy. The oral nurse navigator then determines if there are any barriers to drug administration and medication adherence, such as inability to access the drug or difficulty swallowing pills or opening medicine bottles. If necessary, the oral nurse navigator also helps patients apply for financial assistance. Once a therapy is dispensed, the oral nurse navigator calls patients weekly to assess adherence and identify any adverse events. The oral antineoplastics pharmacist manages refills and monitors test results, and liaises with provider teams to adjust dosages or delay therapies based on possible adverse events. Together, the team aims to enhance treatment and maximize reimbursement.

Pharmacist/Nurse/Financial Advocate Model

Challenge: *Complex oncology therapies make proving value difficult.*

Oncology pharmacies have an expanding responsibility to ensure patient adherence to oral medications for optimal patient outcomes. Although documentation of assessment of oral compliance is central to achieving QOPI certification and meeting OCM value-based metrics, measuring patient compliance is challenging. Oral oncology medications are not necessarily taken daily, and the regimens vary. Dosages can be withheld for various reasons and this does not equal noncompliance. Multiple pharmacies may be involved in dispensing different medications, and medication adherence tools can vary in their reliability.

Solution: *New technologies can enhance communication and treatment monitoring.* A range of digital and decision-support tools

is emerging to enhance compliance monitoring and reporting. For example, oncology pharmacies can now integrate reminders and tasks regarding oral regimens into electronic medical records, enabling care teams to download outcomes data for QOPI or other reporting purposes. In addition, either nurses or pharmacy staff can now initiate follow-up calls using a custom standardized communication template. And smartphone apps that integrate with EMR dashboards and pharmacy software are being developed. These apps will enable pharmacy staff to contact patients via text about side effects, financial updates, or specialty pharmacy issues.

Challenge: Specialty oral oncolytics are often only available through limited distribution networks. Many oral oncolytics must be accessed through specialty pharmacies or other limited distribution networks. For many patients, mail order specialty pharmacies are mandated by their insurer or the pharmacy benefit manager (PBM), or the pharmaceutical manufacturer. However, according to a 2016 analysis of three ACCC member programs, mail order pharmacies are more likely than brick-and-mortar ones to have delays in delivery. In-house dispensing can sometimes offer an alternative, more efficient route of dispensing oral oncolytic therapies in a value-based context.

Solution: Bring pharmacies in-house. Eric Dallara, RPh, described how New England Cancer Specialists, a large independent practice,

The Do's and Don'ts of Using a Mail Order Pharmacy

DO

1. Limit how many pharmacies you use. Only select those that meet your organization's specific needs.
2. Designate a contact person or team to manage all mail order pharmacy orders and follow up when necessary.
3. Document which pharmacies are used in patients' EMRs.

DON'T

1. Automatically sign every fax that comes through for refill requests.
2. Assume a patient has received a medication.
3. Expect to check all drug-drug interactions. You may not have a complete list.
4. Don't put refills on oral oncolytics.

We have built compliance tools into OncoEMR.
(Flatiron, flatiron.com/oncology/oncology-ehr/)

manages all oral oncolytics via an in-house dispensing pharmacy that determines coverage, cost, and the specialty pharmacy being used. Benefits to this model include: increased access and adherence to medications, the ability to dispense most medications to patients during their office visits, and increased revenue.

However, there are several issues to take into account when considering whether to establish an in-house specialty pharmacy. For one, state laws regarding dispensing medication vary, which can influence the pros and cons of setting up a physician-dispensing or licensed retail pharmacy. Other considerations include ease of access to medications from a wholesaler, access to the pharmacy networks and being able to fill oncology medications, adequate space and staff, and financial risks and benefits.

Financial Barriers Remain

Access to oral oncolytics can be more challenging for many patients. Those with suboptimal insurance coverage, those who are denied drug coverage under Medicare Part D, and those whose income is deemed too high to make them eligible for compassionate use all struggle to obtain the medications they need. Financial navigators can assist in making sure that the patient has access to the medication within a reasonable amount of time, so that their care is not delayed due to cost-related barriers.

As Barkett and Dallara noted, the eligibility standards for compassionate use for oral oncolytics are not the same as the standards for intravenous therapies. Additionally, oral parity laws vary across states and this disparity reinforces the need for federal oral parity legislation. In the meantime, an integrated pharmacy that includes financial advocates, nurses, and pharmacists, effective patient education, and informed oncology pharmacists can help expand access to therapies and reduce costs for both patients and programs. ■

For more from ACCC on effective approaches for integrating oral anti-cancer drugs into practice, visit accc-cancer.org/oraloncology.

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The **Association of Community Cancer Centers (ACCC)** is the leading education and advocacy organization for the multidisciplinary cancer care team. ACCC is a powerful network of 25,000 cancer care professionals from 2,100 hospitals and practices nationwide. ACCC is recognized as the premier provider of resources for the entire oncology care team. For more information, visit accc-cancer.org or call 301.984.9496. Follow us on Facebook, Twitter, and LinkedIn, and read our blog, ACCCBuzz.

The **ACCC Oncology Pharmacy Education Network** advocates on behalf of hematology-oncology pharmacists as vital members of the cancer care team, and is committed to developing educational resources and multidisciplinary connections that advance the field and elevate oncology pharmacy professionals to top-of-license practice.