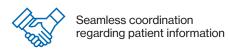
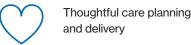
Oral Oncology Coordination of Care

Coordinated oral oncology programs need a whole health care team that consists of providers, medical and quality assurance staff, and caregivers

Team members may have different roles, but each role is integral in providing coordinated care for a patient on oral therapy. To work well together, the team must have:

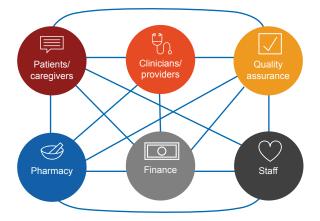






A high level of supportive care services

In coordinated oral oncology programs, a whole health care team is needed



Some examples of health care team collaboration include:

- · Clinician/provider develops the oral oncology treatment plan, monitors the patient's progress, and works with the pharmacy to ensure the patient receives the appropriate medication
- · Patient support staff and pharmacy work together to research insurance benefits, co-pay, and patient assistance programs and handle reimbursement, prior authorization (PA), and step edits
- · Patients/caregivers consent to treatment and education, identify and manage symptoms, determine impacts on patient's quality of life, and communicate progress to providers

A coordinated approach to oncology care supports patients throughout their cancer journey and can improve adherence to treatment.

Patient adherence to treatment affects not only health outcomes, but the health of the care system

Oral oncolytics provide new treatment options for patients but also require increased patient responsibility. Patient adherence may be associated with:

- Improved clinical response to treatment²
- Reduced mortality³
- Improved physical and mental health status⁴

Nonadherence can negatively affect the health care system by increasing utilization, which can cost the United States between \$100 billion and \$300 billion each year. Health care systems can address nonadherence through education, communication, and cross-disciplinary coordination.6

Coordinating care with oral oncolytics may improve patient adherence by using a stepwise process; for example⁷:

Prescriber orders oncolytic agent using a standardized order form

Prescribing physician's primary nurse sends order to the pharmacy

Oncology pharmacist:

- Evaluates the order for appropriateness in terms of dose and indication
- · Checks labs
- · Evaluates for drug interactions
- · Performs patient counseling

Oncology pharmacist sends prescription to a dedicated pharmacy technician within the outpatient pharmacy for benefits investigation

- · If a PA is required, the pharmacist assists with completion of
- · If the patient faces a high co-pay or is uninsured, the technician contacts the patient's financial advocate or social worker to assist the patient in enrolling in a co-pay assistance program or applying for a free-drug program
- · Once any financial issues have been resolved, the prescription can be filled and sent to the patient

First cycle: Pharmacist calls the patient weekly to follow up on adherence and side effect management

After the first cycle: Patient is called 1 week prior to each refill for reassessment

Key Takeaways

· To support the flow of patient care within an oral oncology program, staff roles are key-especially roles involving patient education and adherence initiatives

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