Keeping Pace With Oral Chemotherapy

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Purpose: Although the rising number of oral chemotherapy agents offers many patients with cancer a more convenient and less invasive treatment option compared with infusion therapy, multiple risks and challenges have been identified with the oral regimen, including dosing errors, drug interactions, and nonadherence or overadherence. Until recently, cancer care providers had maintained a considerable amount of control, including the certainty that the right drug was being administered in the right dose, via the right route, at the right time, and to the right patient—all of which were meticulously documented in patient records. In contrast, oral chemotherapy takes much of the control out of the clinician's hands and places tremendous responsibility on the patient, raising a number of adherence and control issues. Studies regarding oral hormonal therapy for breast cancer have described adherence rates ramping down from 83% to 77% within the first 2 years of therapy. These figures continue to decrease over time to a range of 50% to 64% within 4 to 5 years. On the basis of these data and a literature review, we developed a program to promote adherence to oral anticancer protocols.

Methods: Our team took a proactive, team-focused approach and established protocols at a time when oral chemotherapies were still at a low volume. In addition to infrastructures, policies, and procedures promoting collaborative communications among physicians, nurses, and pharmacists, we developed an in-depth educational component that provides the linchpin for ensuring an effective oral chemotherapy program. Our program focuses on three key pillars: education, communication, and follow-up. Our project team first conducted an inclusive review of available literature, with the objective of designing processes that would help our program directly address existing risks and challenges. Then we introduced concepts for the formalized

program to our cancer center physicians, whose support was paramount to successful implementation. The next step was to start the program with a mandatory in-service for all clinical staff, which included a presentation of the research evidence that prompted the creation of this model for oral chemotherapy. To enhance patient understanding, our team provides printed materials, individualized calendars, and in some cases preloaded pillboxes to assist patients. Concurrently, our nurses provide weekly telephone intervention for the second and third months and monthly phone interventions thereafter. Communication is key to the success of the program. This includes the use of a translation service to ensure effective communication with all non-English-speaking patients. We intervene early for those patients with financial barriers and offer a variety of referrals and resources for emotional, nutritional, and patient support services, including transportation issues.

Results: Since the inception of the program, the in-service has been incorporated into our new employee orientation. At the same time, a growing number of cancer center physicians are embracing the program. The program has received the attention of the Oncology Roundtable, which developed a Webinar around the topic, and been described in a feature article in an oncology journal. Finally, our team has been tapped to educate other pharmacists regarding oral agents, toxicity profiles, and safe handling.

Conclusion: By combining safeguards, patient education strategies, intensive follow-up, and a system of effective checks and balances, our center is taking significant steps to maximize patient safety and oral chemotherapy treatment effectiveness, while keeping pace with the rapidly occurring changes in oncology practice.

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Where Does Oncology Fit in the Scheme of Accountable Care?

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Abstract

With cancer services representing 10% of health care costs, oncology would seem an attractive candidate for achieving cost savings, which could then be shared under the umbrella of an accountable care organization (ACO), the vehicle through which the Centers for Medicare & Medicaid Services has implemented the Medicare Shared Savings Program. The Cancer Center Business Summit focused its 2011 annual survey on the topic of oncology's fit within the context of accountable care planning and discovered that

oncology, for a variety of reasons, is not considered an attractive candidate for readily achievable cost savings in an ACO initiative. However, despite the somewhat marginal status of oncology within accountable care initiatives, the commercial health insurance sector has been quite active in pursuing nontraditional and innovative methodologies in payment redesign for oncology services. This article explores the key findings and implications of the 2011 Summit survey, *Positioning and Payment for Oncology Within Accountable Care Initiatives*.

Introduction

Much fervor in the health care industry has been generated as a result of the March 2010 passage of the watershed Patient Protection and Affordable Care Act¹ and the Health Care and Education Reconciliation Act of 2010,² known together as the Accountable Care Act (ACA). Industry response was further heightened by the subsequent promulgation by the Centers for Medicare & Medicaid Services (CMS) of regulations that established the accountable care organization (ACO) as the vehicle through which CMS has implemented the Medicare Shared Savings Program established by Section 3022 of the ACA.³

ACA envisions a sea change in the way that health care services, including oncology services, will be delivered and paid for in the future. ACA contemplates transforming Medicare and Medicaid payments from a fee-for-service system to a value-based purchasing system. The concept is to move from payment methods that financially reward the provision of a volume of services to new payment methodologies that reward the delivery of high-quality health care services and the lowering of costs.

Against this backdrop, the Cancer Center Business Summit (Summit) focused its annual industry survey on the positioning and payment redesign for oncology services within the context