Implementation of an Oral Antineoplastic Therapy Program: Results From a Pilot Project

Nikki L. Barkett, RN, BSN, OCN®, Grace Weiss, RN, MSN, OCN®, Beth High, RN, MSN, OCN®, CBCN®, CN-BN, and Sandra E. Kurtin, PhD, ANP-C, AOCN®

BACKGROUND: The Oncology Care Model requires implementation of processes to reduce urgent care (UC), emergency department (ED), and hospital visits for patients on antineoplastic therapies, including oral antineoplastic agents.

OBJECTIVES: The purpose of this project was to develop, implement, and initially evaluate an oral antineoplastic therapy program (OAP) and an oncology antineoplastic nurse navigator (OANN) role aimed at reducing UC, ED, and hospital visits.

METHODS: This pilot project used a descriptive correlational design to analyze the impact of the novel role of the OANN on UC, ED, and hospital visits.

FINDINGS: The OANN engaged 1,095 patients between January 1, 2019, and December 31, 2020. A reduction in UC, ED, and hospital visits was noted between 2019 and 2020 for patients followed by the OANN and enrolled in the OAP. Patients who were contacted by the OANN three or more times after starting their oral antineoplastic agent were less likely to be seen in UC or the ED or to be hospitalized. The novel role of the OANN within the overall OAP provided a significant benefit in reducing UC and ED visits and hospitalization for patients enrolled in the program.

KEYWORDS
oral antineoplastic therapy; nurse navigation; urgent care; emergency department

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THE ONCOLOGY CARE MODEL (OCM), A VALUE-BASED CARE PROGRAM sponsored by the Centers for Medicare and Medicaid Services, has set standards for reducing the cost of care for patients receiving antineoplastic therapies, regardless of route of administration. Emergency department (ED), urgent care (UC), and hospital visits represent the costliest healthcare services (U.S. Food and Drug Administration [FDA], 2021). Among 258 approvals by the FDA (2021) in oncology since 2013, 39% (n = 101) included oral agents. More than half of these drugs were approved from 2017 to 2019 (n = 66) (FDA, 2021). This trend is expected to continue, demanding continued analysis of current practice, innovation in program development, and engagement of patients and caregivers to build best practice models for managing patients receiving oral antineoplastic agents (OAAs).

Several advantages to OAAs are convenience, autonomy, no need for venous access, and reduced travel time to appointments for treatment. However, to achieve maximum benefit, patients must adhere to the prescribed regimen in a way that emulates the registration trial for that regimen (Kurtin et al., 2016). Given the generally older age of most patients with cancer, comorbid conditions and the risk of polypharmacy increase the risk of medication errors, drug–drug interactions, and nonadherence (Dashputre et al., 2019; Extermann et al., 1998; Miller et al., 2019). The incidence and severity of adverse events (AEs), extended duration of treatment, and older or younger age are factors shown to be associated with nonadherence (Nachar et al., 2019). Physical, financial, and psychosocial barriers are additional challenges faced by patients taking OAAs (Nachar et al., 2019). The rate of nonadherence ranges from 40% to 80% in published studies (Mackler et al., 2019). Caregivers of patients taking OAAs face stressors associated with accurate drug administration and monitoring and reporting of AEs, often with very little formal training (Kurtin et al., 2016; Marshall et al., 2019).

The American Society of Clinical Oncology and Oncology Nursing Society (ONS) published the first Chemotherapy Administration Safety Standards in 2009. In 2017, updated guidelines addressed OAAs (Neuss et al., 2017). The Quality Oncology Practice Initiative was launched to certify practices based on adherence to these and other standards in selected diagnostic groups thought to be essential to quality care (McNiff et al., 2009). Missing from these guidelines are actionable tools and processes tailored to facilitating adherence to OAAs. Several publications have described in detail the role of the oncology pharmacist and financial assistance coordinator in managing OAAs (Lau et al., 2019; Mackler et al., 2019; Mitchell et al., 2018). This article