

# Oral oncology adverse event reporting via text messaging integrative collaboration between specialty pharmacy and oncology provider clinic



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## Background

- The cost of care in cancer treatment increases substantially when adverse effects (AEs) occur.<sup>1,2</sup>
- Lack of system integration between specialty pharmacies and clinics presents collaboration and data challenges.<sup>3</sup>
- In specialty pharmacy, reliance on phone and fax communication related to oncology patient AEs is potentially inefficient and ineffective.
- Additionally, reliance on phone calls limits the ability to connect with modern patients who increasingly prefer digital methods.<sup>4</sup>
- Optum Specialty Pharmacy, in collaboration with Optum Care Cancer Center, designed a pilot program with an objective to reduce AE severity via early intervention with pharmacist counseling and triage for medical management.

## Goals

- Reduce potentially preventable ER or hospitalization via proactive screening, adverse effect counseling, and triage via real time electronic health record task communication.
- Mitigate the worsening of an AE while also providing the opportunity for in-clinic management and influence decision making regarding emergency care and subsequent inpatient care decisions.

## Methods

- Design:
  - Eligible patients were offered option to complete AE screening via text messages
    - Tool: PRO-CTCAE<sup>5</sup>
    - Frequency: baseline and biweekly for 10 weeks total
    - AEs assessed: nausea, vomiting, constipation, diarrhea, pain, shortness of breath, cough, and fatigue
    - Program was offered by phone for those not able to text
  - Interventions: specialty pharmacy team triaged patients based on severity of AE reported
    - Low severity: phone consultation by specialty pharmacist
    - Moderate to high severity: triage to the clinic plus addition of task to oncologist in partner clinic electronic health record (EHR)
  - Inclusion Criteria: new to therapy with oral oncolytic from Optum Care Cancer Center and dispensed by Optum Specialty Pharmacy
  - Timeframe: 90-day enrollment period
  - Statistical analysis: descriptive statistics were used to report patient demographics, surveys completed, and healthcare cost avoidance

## Results

Demographic	Value
Eligible patients, n	143
Enrolled patients, n	35
Text enrollment, %	77
Female sex, %	47
Average age, years	66

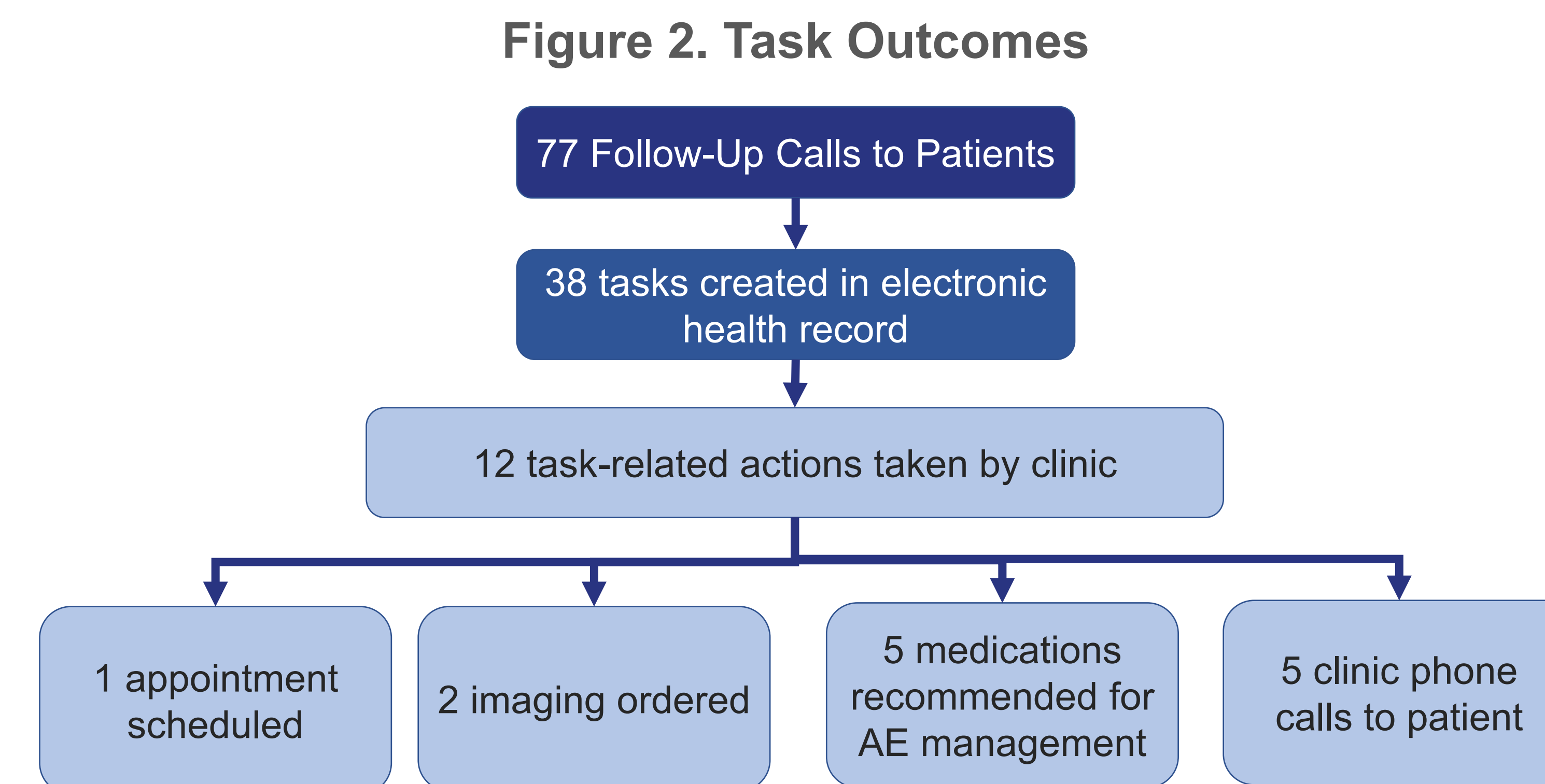
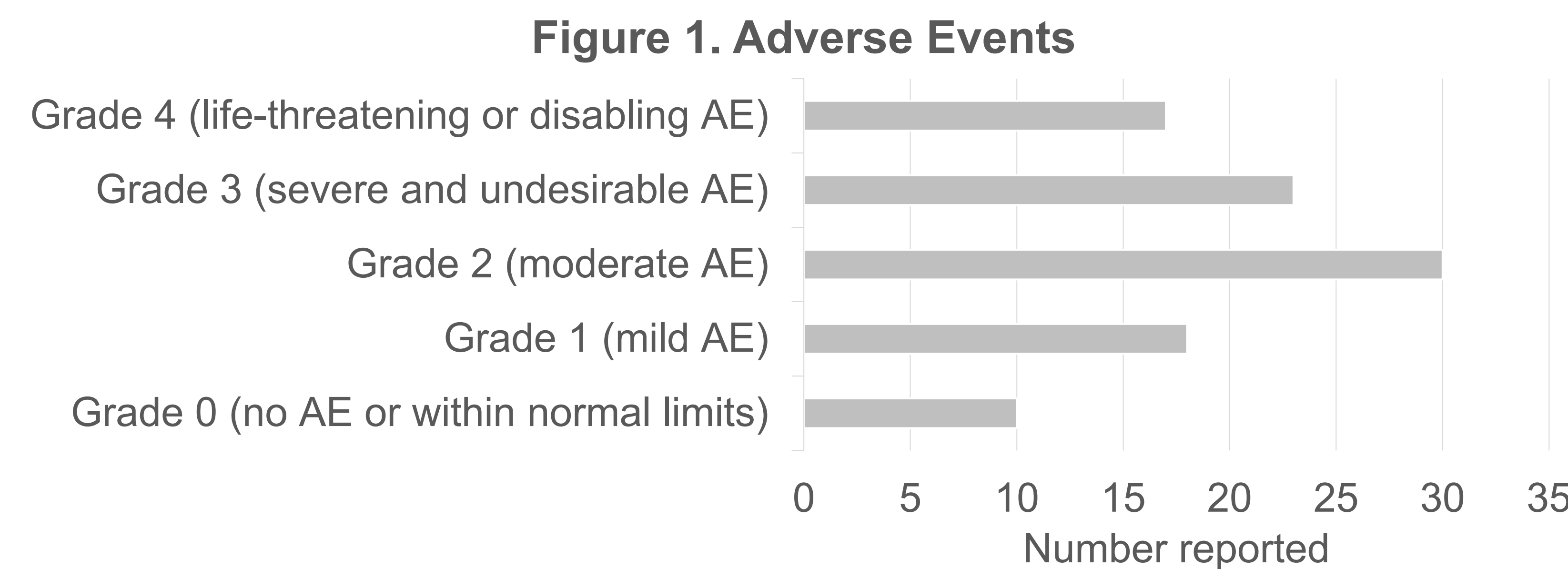


Table 2. Potential Healthcare Cost Avoidance<sup>6</sup>

Adverse Event Managed	Potential Healthcare Cost Avoidance per Incident	Total Potential Healthcare Cost Avoidance during Pilot
Pain	\$4,756	\$14,268
Cough	\$576	\$576
Nausea	\$1,965	\$1,965
Diarrhea	\$3,265	\$3,265
Nausea and Vomiting	\$2,860	\$2,860
		<b>\$22,934</b>

## Discussion

- This novel pilot successfully enrolled 24.5% of eligible patients with 31% of participants reporting moderate to high severity AEs.
- Of EHR tasks entered, 31.6% resulted in actions taken by the clinic allowing for early intervention and potential healthcare cost avoidance.
- Total potential cost avoidance during the pilot period was \$22,934.
- Expansion of this program to a larger patient population over a longer period could result in significant cost avoidance.

## Limitations

- This short time period and small sample size represents a partnership with only one pharmacy and one clinic. Results may vary in other settings.

## References

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## Disclosures / Contact

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