

# Building Best Practice for Oral Antineoplastic Therapy Programs – Phase 1

## A Model for Multi-Site, Advanced Practitioner Led, Quality Care Initiatives

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### Background

- Advanced Practitioners (APs) are poised to serve as agents of change for practice transformation.
- This multi-site AP led quality improvement (QI) initiative was aimed at developing an APSHO led practice transformation initiative focused on development or optimization of an oral antineoplastic therapy program (OAP).

### Program Objectives and Specific Aims

This quality improvement initiative aimed at creating and implementing a best practice model for an OAP for hematology-oncology practices using an OAP Blueprint as a tool for practice analysis and program development or optimization.

#### Specific Aims:

- Evaluate current OAPs across practice types.
- Convene APs across selected practices to evaluate an OAP blueprint developed by AstraZeneca with discussion of current best practice.
- Analyze individual practices for gaps and opportunities using the OAP blueprint.
- Transform practice using the OAP blueprint tailored to the individual practice.
- Generate publications summarizing AP-led practice transformation.

### Methods

Sites were selected by invitation if they met the following eligibility criteria:

- AP is an APSHO member.
- Site AP Leads represent a diversity of AP roles.
- Sites representative of range of hematology/oncology practices.
- Administrative support for program participation over a 6-month period.
- AP commitment to act as an agent of change in their practice for this project.
- AP has access to patients with Chronic Lymphocytic Leukemia (CLL) who are receiving a Bruton Kinase Inhibitor (BTKi).

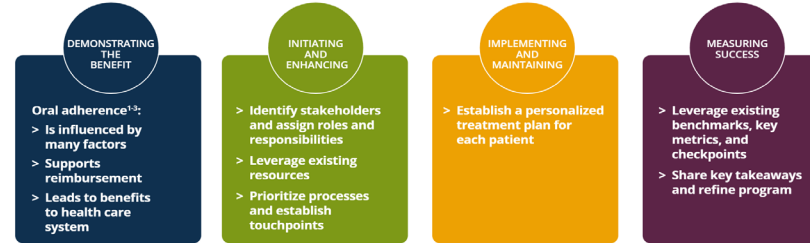
Five of Ten sites met these criteria and accepted the invitation to participate.

The Plan-Do-Study-Act (PDSA) Methodology was used to guide this quality initiative using an iterative cyclic method, continuous data collection, and project adaptation based on analysis of each PDSA phase. A theoretical foundation of evidence-based practice was applied.

This project was granted IRB Exempt status by the WCG IRB on May 13, 2022. APSHO is registered with WCG IRB as a study sponsor.

### Tools

The Astra Zeneca Oral Adherence Blueprint has been woven into each phase of the OAP project.



Tools were developed by the primary investigator informed by aims and objectives, extant literature, PDSA iterative process, site lead surveys, working group and 1:1 meetings with site lead:

- Monthly surveys: content used to inform next steps and build practice profile.
- Baseline and end of project chart review: used as a tool to map the OAP process for each practice, including documentation in the Electronic Health Record (EHR) and communication among team members.
- Practice Profile: Outlines the current OAP stakeholders, processes, and gaps.
- Sample workflow worksheet and workflow diagram to facilitate OAP optimization.

### Results

Accomplishments in the first 4 months of the project:

- Kick off working group (WG) meeting at JADPRO Workshops.
- Monthly WG meetings and ad-hoc project lead and site lead 1:1 meetings were held using the PDSA methodology to identify priorities for next steps.
- Development of a TEAMS site for sharing of minutes, review of taped meetings, and sharing resources provided an infrastructure for this project.
- Site leads were able to conduct an initial practice analysis using the OAP Blueprint as a guide.
  - Each site Lead developed an elevator speech to articulate project goals with key stakeholders
  - Successful identification of existing resources and potential barriers
  - Successful analysis of documentation of the OAP process in the EHR – key to ongoing effective communication
  - Individual practice profiles were developed using data from the monthly surveys and ad hoc meetings.
- 100 % of Site Leads (n=5) feel they:
  - Have continued support for their participation in the APSHO-OAP project
  - Will be able to implement changes in the documentation process to facilitate the OAP process
- Individual practice profiles and initial OAP workflows have been developed.

### Results cont.

- Stakeholders who actively participate in the OAP process are identified as most critical for implementing OAP strategies:
  - Pharmacists (clinical, specialty)
  - Pharmacy technicians
  - Team RN
  - Physicians
  - AP colleagues
- The most common barriers identified by site leads for conducting the practice analysis:
  - Time within my own schedule
  - Availability/time for key stakeholders
  - Staffing shortages: nursing,
  - Staffing shortages: providers
  - Competing priorities: professional
  - Competing priorities: personal
- Most important changes planned:
  - Clearer documentation in the EHR.
  - Bring awareness to the importance of having an formal OAP.
  - Continue to advocate for a more streamlined and cohesive OAP which includes APs/MDs.
  - Pharmacist review of drug interactions for all patients starting on oral agents.
  - Appointment with AP within 2 weeks of start of a new oral antineoplastic agent.
- Next Steps:
  - Refine practice specific OAP workflow for each individual practice.
  - Identify practice specific outcomes that are expected to have a measurable impact on oral adherence within one-year:
    - short term measures
    - expected long-term clinical outcomes

### Conclusions

Establishment of a APSHO Project Core Team, Steering Committee, and Project Working Group (May 2022) has successfully provided a foundation for an APSHO supported multi-site QI project focused on practice analysis, development and optimization of OAPs. Although the structure of the process was uniform, each practice is unique in their key stakeholders and workflow. Phase 2 of this project will focus on implementation of changes identified in the practice analysis and recommendations for best practice for OAPs.

### Recommendations

This innovative IRB approved quality initiative provides a model for future multi-site initiatives sponsored by APSHO and implemented by a representative group of AP experts and practices for practice improvement projects.



#### References:

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