Strategy to Action: Championing Provincial Change in Oral Chemotherapy Patient Education

Jane Yao, Erin Redwood, Zahra Ismail, Tamara Harth, Monika Krzyzanowska
Objectives

**Evidence to Action**
Adoption of an evidence-based tool in clinical settings

- Understand the current clinical landscape in oral chemotherapy patient education (PE)
- Examine the drivers and barriers for adopting an evidence-based tool
- Explore key dimensions of scaling tool uptake in clinical settings
14 regions/LHINs (Local Health Integration Networks)

77 systemic treatment (ST) facilities

4 levels of care:
- 7 level-1 facilities
- 8 level-2 facilities
- 19 level-3 facilities
- 43 level-4 facilities
Why Focus on Oral Chemotherapy?

Pipeline drugs by disease site and route of administration (2013)

Hematology: 22 Oral, 10 SC, 1 IM, 1 IV
Breast: 9 Oral, 6 SC, 6 IM, 1 IV
GI: 8 Oral, 6 SC, 6 IM, 1 IV
Lung: 5 Oral, 6 SC, 5 IM, 1 IV
GU: 4 Oral, 5 SC, 3 IM, 1 IV
Melanoma: 3 Oral, 5 SC, 3 IM, 1 IV
Gynecologic: 5 Oral, 5 SC, 6 IM, 5 IV
Head and Neck: 1 Oral, 3 SC, 1 IM, 2 IV
Neuro-oncology: 1 Oral, 1 SC, 1 IM, 2 IV
Other: 2 Oral, 1 SC, 1 IM, 1 IV
Sarcoma: 1 Oral, 1 SC, 1 IM, 1 IV

Source: Cancer Care Ontario, “Manufacturer Pipeline Survey Results.” Survey. July 2013

*A drug pipeline is the set of drug candidates that a pharmaceutical company has under discovery or development at any given point in time.
Oral chemotherapy practices at Ontario cancer centres

Noor Ahmad¹, Vicky Simanovski¹, Sherrie Hertz¹, Goran Klaric¹, Leonard Kaizer¹,² and Monika K Krzyzanowska¹,³
By 2019, patients and families will experience high-quality education with consistent messaging on the safe handling, storage, administration, adherence, and disposal of oral anti-cancer medication.
Project Overview

1. Analyze current state in oral chemo PE
2. Identify a valid oral chemo PE tool
3. Train local champions
4. Assess local implementation

Equipped with MOATT®
Implementation & evaluation tools

At site level: Engagement – Planning – Implementation – M&E
How is Patient Education (PE) for Oral Chemotherapy Delivered?

Surveyed all levels 1 to 3 ST facilities (n = 33, RR = 97%)

Types of Providers Involved & Teaching Format

Count of Responses

- Oncologist: 20
- Clinic Nurse: 25
- Chemo Nurse: 15
- Pharmacist: 20

Source of Patient Education Materials

- In-House: 27%
- External: 73%

40% from CCO and similar public cancer agencies

Note: providers counted more than once if providing education formally and informally
Finding the Right Tool for Ontario

- Conducted literature search and jurisdictional scan (Canada, US, UK, Australia) in December, 2014
- MOATT® (MASCC Teaching Tool for Patients Receiving Oral Agents for Cancer) identified as the best available provider-facing tool

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td>• Evidence-based development</td>
<td>• Not a lot of research on its effects on patient outcome</td>
</tr>
<tr>
<td>• Internationally accepted and adopted</td>
<td>• Time-consuming</td>
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<tr>
<td>• Specific to oral chemotherapy medications</td>
<td></td>
</tr>
<tr>
<td>• Key areas of patient assessment and teaching are addressed</td>
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</table>
This teaching tool has been prepared to assist health care providers in the assessment and education of patients receiving oral agents as treatment for their cancer. The goal is to ensure that patients know and understand their treatment and the importance of taking the pills/tablets that are prescribed.

The following are aspects that impact the adherence to treatment with oral agents (pills/tablets) for cancer:

- Patient Characteristics
- Drug
- Disease
- Treatment Plan

Include family member or other healthcare provider in this information.

KEY ASSESSMENT QUESTIONS

1) What have you been told about this treatment plan with oral medications?
   * Verify that the patient knows that these oral agents are for cancer and are taken by mouth for their cancer.

2) What other medications or pills do you take by mouth?
   * If you have a list of medicines, go over the list with the patient.
   * If you do not have a list, ask the patient what medicines he/she is taking, (both prescription and non-prescription), herbs, complementary, or other treatments.

3) Are you able to swallow pills or tablets? If no, explain.

4) Are you able to read the drug label/information?

5) Are you able to open your other medicine bottles or packages?

6) Have you taken other pills for your cancer?
   * Find out if there were any problems, for example, taking the medications or any adverse drug effects.

7) Are you experiencing any symptoms that would affect your ability to keep down the pills, for example nausea or vomiting?

8) How will you fill your prescription?
   * Delays in obtaining the pills may affect when the oral drugs are started.

9) Have you had any problems with your insurance that has interfered with obtaining your medications?

Special Considerations when assessing patients receiving oral agents for cancer:
When teaching the patient, you may need to adapt your teaching to accommodate special considerations such as, age, feeding tube, vision problems/color blindness, dietary issues, mental problems (dementia, depression, cognitive impairments).

* Recommended information to assess is noted in italics
MOATT® Workshop – March 6, 2015

1. HEALTH LITERACY

2. MOATT PRINCIPLES & USE

3. BECOMING A CHAMPION

Role of a champion*
- Build relationships
- Educate
- Advocate
- Navigate boundaries


11 LHINs
51 Attendees
24 Nurses
22 Pharmacists
 2 Oncologists
 3 Educators
MOATT® Workshop – Participants Feedback

Day fulfilled its objectives

- Strongly Agree 86%
- Somewhat Agree 14%

Day helped for considering how to champion and implement MOATT®

- Strongly Agree 68%
- Somewhat Agree 32%

[Strongly agree – Somewhat agree – Neutral – Somewhat disagree – Strongly disagree]

n = 51, RR = 88%
Provider Confidence Ratings

Q: How confident are you in your knowledge and/or skill(s) of the following?

- Defining health literacy
- Precautions to mitigate against low health literacy
- Strategies to address adherence issues
- Using MOATT to provide patient education
- Championing MOATT within your facility/region

<table>
<thead>
<tr>
<th></th>
<th>Pre-workshop (n = 44)</th>
<th>Post-workshop (n = 44)</th>
<th>Post-3 mo (n = 33)</th>
<th>Post-6 mo (n = 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Confident at All</td>
<td>1</td>
<td>Not Very Confident</td>
<td>2</td>
<td>Somewhat Confident</td>
</tr>
<tr>
<td>Very Confident</td>
<td>4</td>
<td>Pre-workshop</td>
<td>Post-workshop</td>
<td>Post-3 mo</td>
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Cancer Care Ontario
Follow-Up Results: Tool Adoption

MOATT uptake (n = 27)

- Not using MOATT at all: 48%
- Adopting MOATT: 52%

Timing of Adoption (n = 14)

- 6 sites adopted post-6 months
- 2 sites adopted after workshop + 1 site adopted before workshop
- 3 sites under discussion
- 3 sites not available (N/A)
Follow-Up Results: Tool Implementation

Of the sites adopting MOATT...
(Note: 1 site skipped response)

- **Initiation**: Team formed. Goals determined. No activities implemented.
- **Planning**: Team engaged in strategy development, planning and/or baseline data collection. Implementation has not yet occurred.
- **Implementation in progress**: Roll out in progress. Evaluation activities are typically also underway. Sustainability plan should be in development.
- **Implementation complete**: Project is fully implemented and is transitioning to an operation plan. Sustainability plan has been developed.
- **Sustainable**: Project is ongoing/operational.
Drivers & Barriers to Tool Adoption

1. Decision to Adopt
- Management support
- Internal needs
- Provincial standards
- Management support
- Rigorous tool
- Workshop attendance
- Lack of resources (HR, $)
- Tool is time-consuming
- Organizational changes
- Management buy-in
- Staff buy-in
- Resource constraints (HR, time)
Who’s Taking Part in Planning & Implementation?

(n = 14)

<table>
<thead>
<tr>
<th>Types of Providers Engaged</th>
<th># of Sites</th>
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<tbody>
<tr>
<td>Oncologists</td>
<td>4</td>
</tr>
<tr>
<td>Nurses</td>
<td>10</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>10</td>
</tr>
<tr>
<td>Administrators</td>
<td>4</td>
</tr>
<tr>
<td>Coordinators</td>
<td>3</td>
</tr>
<tr>
<td>Unclear responses</td>
<td>1</td>
</tr>
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Monitoring and Evaluation (M&E)

Evaluation conducted at 3 sites

- Patient satisfaction & approval
- Better adherence
- Mixed nursing satisfaction

Why hasn’t M&E taken place yet?

<table>
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<tr>
<th>Reason</th>
<th>Status</th>
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<tbody>
<tr>
<td>Implementation in progress</td>
<td>Under</td>
</tr>
<tr>
<td>Lack of time</td>
<td>Under</td>
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<tr>
<td>Organizational changes</td>
<td>Under</td>
</tr>
<tr>
<td>Lukewarm senior support</td>
<td>Under</td>
</tr>
<tr>
<td>Under consideration</td>
<td>Under</td>
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"Patients don’t mind an extra visit for PE if they see value in it”

"Shortcuts were taken to complete multiple tasks”
Lessons Learned & Looking Forward

### Tool Development/Selection
- ✓ Value
- ✓ Clinical context
- ✓ User-friendliness

### User Engagement/Socialization
- ✓ Education
- ✓ Value recognition
- ✓ User buy-in

### Clinical Uptake
- ✓ Senior level support
- ✓ Communication
- ✓ Coordination

- ✿ Convening power
- ✿ Accountability/governance
- ✿ Quality & standards management
Thank you!

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