Improving Oral Chemotherapy Compliance: Documenting Actual Start Date

TEAM CHARTER:

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<thead>
<tr>
<th>Leads:</th>
<th>____________________________</th>
<th>Timeframe:</th>
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<tbody>
<tr>
<td>Participants:</td>
<td>____________________________</td>
<td>Start Date:</td>
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<td>____________________________</td>
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Instructions: The purpose of this tool is to provide practice leaders with simple steps to conduct a quality improvement initiative. The framework for continuous improvement is the 3 Question Model: Aim-Measure-Change & PDCA: Plan-Do-Check-Act. Improvement model step and description are on the left. The practice-specific improvement plan is developed by filling in the blanks in the boxes in the right column. Additional resources and tips are available at [http://MOQC.org](http://MOQC.org) and [http://MSHO.org](http://MSHO.org).

Initiative Background: Often the healthcare team is not aware that patients face barriers in successfully starting oral chemotherapy and continuing with the prescribed regime including: limited insurance coverage, out of pocket costs, lack of availability of local pharmacies to fill the prescription, etc. Early identification & resolution of these issues improves timely compliance with prescribe regime.

Improvement Model Steps

| AIM: | Practice Improvement Plan: |
|------|-----------------------------|-----------------------------|
| **AIM:** | **AIM:** Improve the timely compliance with oral chemotherapy by identifying ACTUAL START DATE of initial prescription by: |
| *What are you trying to accomplish & by when?* | *[date]* |
| **MEASURE:** | **GOAL:** The ACTUAL START DATE of oral chemotherapy will be documented in the medical record >[ ] % of the time by [ ] (date) |
| *How will you know if a change is an improvement?* | |
| **CHANGE:** | **CHANGES:** (Select change(s) you plan to try) |
| *What changes can we make that will result in improvement?* | ❑ Educate Patient on Need for Good Compliance |
| | ❑ Utilize Start Date Mailers with 1st Rx |
| | ❑ Document Actual Start Dates in Medical Record |
| | ❑ Develop Standard Plan for Patients with Delays |
| | ❑ Distribute Medication Calendar (or other electronic tool information) with Rx |
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PLAN: DEFINE SCOPE
Who is In or Out?

PLAN: DEFINE SCOPE
Are there Special Conditions/ Exceptions?

PLAN: DEFINE EVALUATION
What will you measure? How often?

DEFINING SCOPE
☐ Patients on the following oral agents will get Mailers & have Start Dates recorded at the time of first Rx:
___________________________________
___________________________________
___________________________________

DEFINING SCOPE
☐ Special Condition: Patients on the following oral agents will receive a RETURN CALL (R/C) _________ week(s) after Start Date:
_____________________________________
_____________________________________
_____________________________________

DEFINING EVALUATION
6 weeks after implementation & as needed until goal met:
____% Records updated with start date (sample 10)
____% Patients starting medication within _____ days of Rx written
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**DO:**
IMPLEMENT
PROCESS
*How will we standardize the work?*

**PREWORK**

1. **Prepare Mailers**
   - Affix practice address labels & stamp to front of card
   - Contact & office number for patient to call if issues:
   - Contact Office in __________ days if issues
   *Tip: Use different colored cards for ease of sorting returns
   Tip: Bifold postcard used meets HIPAA privacy*

2. **Establish Tracking Systems**
   - Determine who will enter data on tracking list at time of card distribution __________
   - Determine who will update list when cards returned __________
   *Tip: If EMR in place; check to see availability of data registry function*

3. **Unknown Start Date Procedure**
   - If Mailer Not Returned in _____ days; Take following action (e.g. call patient; update record with start date at next visit, etc)
   *Tip: Be sure to coordinate with the date you asked the patient to call if they were having issues*

4. **Medical Record Documentation Procedure**
   - Start Date will be recorded in the following location:
   *Tip: If EMR/ E-Prescribe- post Start Date in the Comments bubble of associated medication*
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**START DATE MAILER PROCEDURE**

1. At Time Rx is Written (Initial/First Time Written Only):
   A. MA/RN complete the following on prepared card (ie return label on front): Pt Name, DOB, Medication, Office Phone Number, When Patient Should Call, Rx Date, R/C (Return Call if indicated) & other special office notes as needed
   B. MA/RN review mailer process with patient/family, including what date to record, when to call office
   C. Start Date Tracking Log is Updated by _____________________ (name)

2. At Time Mailer Returned:
   A. Tracking Log updated by _____________________ (name)
   B. Medical Record updated by _____________________ (name)
   C. Notify RN if Return Call (R/C) or other follow up needed

3. MA Reviews Tracking Log Weekly & Follows Unknown Start Date Procedure
   A. Flag RN/physician if outstanding issue

4. Evaluate Process
   A. Evaluation procedure conducted by _____________________ (name)
   B. Share data with lead team
   C. Conduct Root Cause Analysis (WHY are we not meeting our goal)

5. Adjust Procedure As Needed To Meet Goal
   A. What needs to change, by when?
   B. Determine if there is a way to automate the process in your office