Internal and external stakeholders were identified to assist in measure development and provide proposed measure feedback. Stakeholders included: Specialty pharmacist, clinical pharmacist, pharmacy resident, pharmacy student.

METHODS

• Single-center quality improvement project undertaken from August 2018 to March 2019 at Vanderbilt Specialty Pharmacy.
• Internal and external stakeholders were identified to assist in measure development and provide proposed measure feedback.
• A feedback survey was created in REDCap and distributed to 43 stakeholders.

Figure 1: Measurement Development Process

Quality Measures

- Pre-treatment assessment
  - Clinical Documentation:
    - Documentation of genetic mutation, disease staging and burden, previous therapies received, and baseline labs.
    - Baseline labs should include complete blood count (CBC) and comprehensive metabolic panel (CMP). Other testing may include electrocardiogram (EKG), diagnostic testing, and labs as required per drug package insert.
  - Pharmacists consultation prior to initial drug dispensing:
    - Provision of patient disease and drug education, including but not limited to:
      - Review of medication fasting and administration.
      - Review of all applicable drug-drug interactions.
      - Review potential adverse drug reactions (ADRs) and proper management.
      - Review pregnancy, lactation, and contraception status.
      - Review handling and storage of hazardous medication.
      - Documentation of patient understanding of drug and disease education provided.
      - Navigation and resolution of medication access barriers.

- On-treatment assessment
  - Initial assessment within 30 days of treatment initiation followed by a second assessment between 30 and 60 days of initiation. Assessments should include:
    - Pharmacist interactive consultation (phone call/cvisit) to assess:
      - Patient-reported medication adherence.
      - Patient-reported ADRs
      - Reported symptoms
      - Documentation of repeat labs including CBC and CMP.
      - Assessment of ADRs using Common Terminology Criteria for Adverse Events (CTCAE).
      - Management of ADRs such as nausea, skin toxicity, and gastrointestinal toxicity.
      - Evaluation for clinical factors warranting dose reduction.
      - When applicable, coordination with healthcare team to manage ADRs with supportive therapy and discus appropriate dose reduction or change in therapy. If applicable, reporting of ADRs to Food and Drug Administration and/or drug manufacturer.

- Longitudinal assessment
  - Evaluation of appropriateness of continued therapy based on clinical factors.
  - Review of overall healthcare resource utilization including:
    - Hospitalizations, emergency department visits, urgent care visits, after-hour calls, and unscheduled clinic visits.
    - Review pregnancy, lactation, and contraception status.
    - Review of medication dosing and administration.
  - Medication persistence:
    - Review of overall healthcare resource utilization including:
      - Review of overall healthcare resource utilization including:
    - Evaluation of appropriateness of continued therapy based on clinical factors.
    - Review of overall healthcare resource utilization including:
      - Review of overall healthcare resource utilization including:
  - Medication persistence:
    - Documentation of duration from treatment initiation to discontinuation.
    - Documentation of a reason if patient has discontinued or suspended therapy.

Patient satisfaction:
- Review of patient satisfaction with specialty pharmacy (such as patient education, time to delivery, and responsiveness and accessibility of pharmacy team).

CONCLUSIONS

• This proposed set of quality measures provides a foundation for measuring quality of TKI therapy in NSCLC. Next steps involve implementing these measures to evaluate their impact on health outcomes.

REFERENCES