A Systematic Approach to Ensuring Oral Chemotherapy Adherence in Rural Appalachia

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BACKGROUND

Patients who reside in rural Appalachia face many barriers to healthcare associated with geographical isolation, health literacy, and cultural attitudes. These barriers strongly influence patient adherence to prescribed oral chemotherapy regimens.

Chemotherapy adherence is an integral part of cancer treatment success. Failure by healthcare providers to assess adherence may contribute to missed opportunities in identifying barriers to compliance. Decreased adherence is a patient safety concern as it may lead to unfavorable outcomes and an increase in morbidity and mortality.

An opportunity to improve oral chemotherapy adherence documentation was identified while performing Quality Oncology Practice Initiative (QOPI) chart abstractions in 2021. Results showed 71% of all patients prescribed new oral chemotherapy did not have a documented assessment of treatment adherence. Our project goal was to decrease non-compliance to 50%. This project was implemented using Quality Improvement tools learned during the 2020 ASCO Quality Training Program (QTP) in Alexandria, Virginia.

METHODS

A multidisciplinary Quality Improvement (QI) team mapped current processes from ordering oral chemotherapy through the first post-treatment follow up visit.

Using Quality Process Improvement tools such as a Cause and Effect diagram and Pay-Off Matrix, the team identified common barriers to assessing adherence and helped narrow the focus for improvements. A Plan-Do-Study-Act cycle included action items for education and an adherence documentation template. This template provided for the assessment of barriers to receiving medication, missed doses, and side effects. Standardized prompts were created to document interventions implemented for addressing non-adherence.

RESULTS

Data was collected weekly, for the two months following implementation for all new oral chemotherapy prescriptions. Following implementation of the education and template, non-compliance rates dropped to 0%, surpassing our goal.

CONCLUSION

Quality Improvement tools provide a standardized framework for process improvements; and help support sustainability. Identification and implementation of educational needs and template standardization greatly improved compliance in a fast-paced Medical Oncology clinic.

ABSTRACT DISCLOSURES

No relationships to disclose.