Transitioning Inpatient Chemotherapy to The Outpatient Setting

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Ineter Market Cancer Center

Financial Disclosure(s)

• I do not have any financial relations to disclose



Objectives

- Identify benefits of outpatient care
- What is need to be successful
- Examples of regimens transitioned to outpatient



Benefits of Outpatient Care





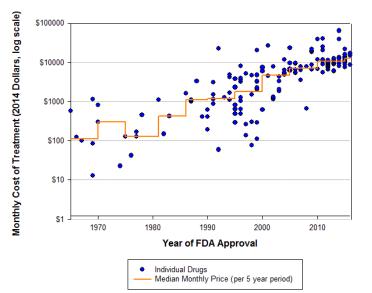
Cost Savings

Inpatient Billing

Based on diagnosis-related groups

Outpatient Billing

- "Fee for Service"
- Medication cost based on 340B drug pricing
- Patient assistance programs



Monthly and Median Costs of Cancer Drugs at the Time of FDA Approval

1965-2016

Source: Peter B. Bach, MD, Memorial Sloan Kettering Cancer Center



Average Cost of an Inpatient Bed Stay

	United States	Wisconsin
State/local government hospitals	\$2,742	\$3,621
Nonprofit hospitals	\$3,013	\$2,704
For-profit hospitals	\$2,296	\$2,850

https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day-byownership/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location %22,%22sort%22:%22asc%22%7D (2021)



Quality of Care

• Shorter length of stay decreases a patient's risk of

- Acquiring an infection
- Medication side effects
- Deconditioning



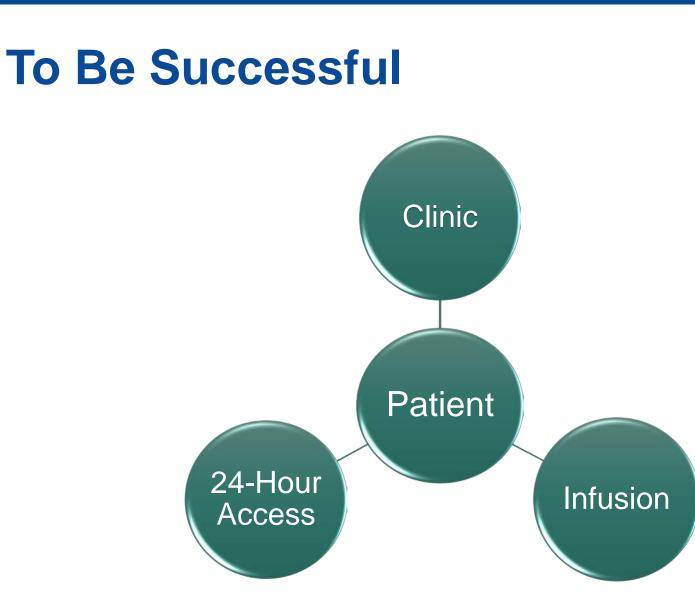
Quality of Life

"I don't get any sleep when admitted" "I didn't even start chemotherapy on the day I was admitted"

"Sleep in my own bed"

"Eat my own food when I want to"







Criteria for Patient Selection

Criteria	Evaluation
Patient	 Be able to understanding treatment plan and supportive management Be compliant/adherent Have a caregiver present at appointments
Location	Live within approximately 45 minutes of infusion site
Transportation	Have reliable transportation to and from appointments
Access to medication	 Have treatment/supportive medications prior to starting treatment



Clinic

MD

- Signs orders
- Provides supportive management & follow-up

RN

- Provides education
- Coordinates treatment schedule and follow-up
- Provides supportive management

Pharmacist

- Provides
 education
- Prepares treatment plan
- Reviews medication authorizations
- Completes medication reconciliation
- Monitor adherence



Infusion

Infusion RN

- Knowledgeable in treatment plan & medications
- Administers treatment
- Educates on home infusion pumps
- Monitor for side effects and toxicities

Leadership

• Offers extended hours



24-Hour Access

- RN triage phone line
- 24-hour clinic
- Emergency room (ER)
 - ER provider has access to the oncology team



High-Dose Cytarabine (HiDAC)

- HiDAC1.5-3.0 g/m² every 12 hours
- Days 1,2,3 with pegfilgrastim or its biosimilar on day 5
- Requires:
 - Extended infusion hours
 - Labs drawn up to 5 days prior to day 1
 - Cerebellar assessment for toxicity monitoring



HiDAC Patient Calendar

LIOCTOR ADDT	Day 1 AM Appt @	Day 2	Day 3	Day 4 and 5	
Doctor Appt	AM Appt @				
Doctor Appt	AM Appt @				
		AM Appt @	AM Appt @	G-CSF Appt	
(a)	PM Appt @	PM Appt @	PM Appt @	@	
Please fill your	AM Take Ondansetron and	AM Take Ondansetron and	<u>AM</u> □ Take Ondansetron and	<u>AM</u> □ Take Ondansetron and	
prescriptions (eye drops, medication	 Take Ondansetron and Dexamethasone, put in 	Dexamethasone, put in	Dexamethasone, put in	put in eye drops	
to prevent	eye drops prior to	eye drops prior to	eye drops prior to	 At G-CSF appt (typically 	
infection and	leaving for day hospital	leaving for day hospital	leaving for day hospital	will be on day 5), verify	
	 Chemotherapy over 2 	 Chemotherapy over 2 	 Start antimicrobials 	future lab and possible	
prevent nausea)	hours	hours	today as prescribed	transfusion appt dates	
	 Labs will be drawn 	 Labs will be drawn prior 	Chemotherapy over 2	and times with your	
your	prior to discharge from	to discharge from day	hours	nurse	
chemotherapy	day hospital	hospital	 Labs will be drawn prior 		
1	 Verify PM appt time 	 Verify PM appt time 	to discharge from day		
	with your nurse	with your nurse	hospital		
			Verify PM appt time		
			with your nurse		
	<u>PM</u>	<u>PM</u>	<u>PM</u>	<u>PM</u>	
r	Take Ondansetron	 Take Ondansetron prior 	 Take Ondansetron prior 	 Take Ondansetron and 	
	prior to leaving for day	to leaving for day	to leaving for day	put in eye drops	
	hospital	hospital	hospital		
1	 Chemotherapy over 2 	 Chemotherapy over 2 	 Chemotherapy over 2 	(You will take medications	
	hours	hours	hours	to prevent infection until	
	 Put in eye drops before bed 	 Put in eye drops before bed 	Verify your G-CSF appointment with your	directed to stop by doctor	
	bea	bea	appointment with your nurse	(Acyclovir, Fluconazole, and Levofloxacin)	
			 Put in eye drops before 	Levonoxacity	
			bed		



Liposomal Daunorubicin and Cytarabine (CPX-351)

- Daunorubicin 44 mg/m² and Cytarabine 100 mg/m²
- Induction: Days 1,3,5
- Requires:
 - Daily preemptive check-in visits
 - Alternating RN phone visits with RN/MD/APP clinic visits
 - Prophylactic antimicrobials
 - 24-hour access to oncology team
 - Low threshold to admit



Hyper-CVAD

Cycles 1, 3, 5, 7 (A)

- Cyclophosphamide 300 mg/m² IV over 2 hours every 12 hours for 6 doses
- Mesna 600 mg/m²/day continuous infusion on days 1-3
- Vincristine
- Doxorubicin 50 mg/m² IV on day 4
- Dexamethasone

Cycles 2, 4, 6, 8 (B)

- Methotrexate 200 mg/m² IV over 2 hours followed by 800 mg/m² IV over 22 hours on day 1
- Cytarabine 3 g/m² (1 g/m² for patients older than 60 years) IV over 2 hours every 12 hours for 4 doses starting on day 2
- Leucovorin 25 mg PO q 6 hours starting 12 hours after methotrexate infusion
 - Dose adjusted based on MTX level
 - Until levels are <0.1 µmol/L
- Dexamethasone



Hyper-CVAD

- More selective patient criteria due to complexity
 - Required to receive one cycle of A and B inpatient
- Provided with:
 - Oral home medication calendar
 - IV medication calendar
 - Urine pH instructions, log and supplies
- Teaching overwhelming, especially for B cycle (high dose Methotrexate)
 - Homework sheets provided for each day of treatment
 - Clinic RN provides day 1 sheet, infusion RN reviews/collects & provides next day assignment



Hyper-CVAD B – Patient Calendar

	D 4	D.4	D12		DIA	DIE
	D-1	D+1	D+2	D+3	D+4	D+5
 Jumber of pills for sach dose: Sodium bicarbonate 2600 mg = 4 x 650 mg tabs Leucovorin 25 mg = 5 x 5 mg tabs Leucovorin 15 mg = 3 x 5 mg tabs Ondansetron 8 mg = 1 x 8 mg tab Dexamethasone 12 mg = 3 x 4 mg tabs 	 6AM: Sodium bicarbonate 2600 mg 12PM: Sodium bicarbonate 2600 mg 6PM: Sodium bicarbonate 2600 mg 12AM: Sodium bicarbonate 2600 mg 	bicarbonate 2600 mg 12PM: Sodium bicarbonate 2600 mg 6PM: Sodium bicarbonate 2600 mg 12AM: Sodium bicarbonate 2600 mg	bicarbonate 2600 mg, ondansetron 8 mg, dexamethasone 12 mg, prednisolone eye drops 12PM: Sodium bicarbonate 2600 mg, ondansetron 8mg, prednisolone eye drops 12AM: Sodium bicarbonate 2600 mg, leucovorin 25 mg [specific leucovorin time TBD by DH RN]	 GAM: Sodium bicarbonate 2600 mg, leucovorin 25 mg, ondansetron 8 mg, dexamethasone 12 mg, prednisolone eye drops 12PM: Sodium bicarbonate 2600 mg, leucovorin 15 mg GPM: Sodium bicarbonate 2600 mg, nednisolone eye drops 12AM: Sodium bicarbonate 2600 mg, prednisolone eye drops 12AM: Sodium bicarbonate 2600 mg, leucovorin 15 mg 	 bicarbonate 2600 mg, leucovorin 15 mg, ondansetron 8 mg, dexamethasone 12 mg, prednisolone eye drops 12PM: Sodium bicarbonate 2600 mg, leucovorin 15 mg 6PM: Sodium bicarbonate 2600 mg, ondansetron 8mg, leucovorin 15 mg, prednisolone eye drops 12AM: Sodium bicarbonate 2600 mg, leucovorin 15 mg 	 GAM: Sodium bicarbonate 2600 mg, leucovorin 15 mg, ondansetron mg, prednisolone eye drops 12PM: Sodium bicarbonate 2600 mg, leucovorin 15 mg GPM: Sodium bicarbonate 2600 mg, ondansetron 8mg, leucovorin 1 mg, prednisolone eye drops 12AM: Sodium bicarbonate 2600 mg, leucovorin 15 mg
D+6	D+7	D+8	D+9	D+10	D+11	D+12
 6AM: Sodium bicarbonate 2600 mg, leucovorin 15 mg, ondansetron 8 mg, prednisolone eye drops 12PM: Sodium bicarbonate 2600 mg, leucovorin 15 mg, ondansetron 8mg, leucovorin 15 mg, prednisolone eye drops 12AM: Sodium bicarbonate 2600 mg, leucovorin 15 mg, leucovorin 15 mg, leucovorin 15 mg, leucovorin 15 mg, leucovorin 15 mg, leucovorin 15 mg 	 6AM: Sodium bicarbonate 2600 mg, leucovorin 15 mg, 12PM: Sodium bicarbonate 2600 mg, leucovorin 15 mg 6PM: Sodium bicarbonate 2600 mg, leucovorin 15 mg, 12AM: Sodium bicarbonate 2600 mg, leucovorin 15 mg 	 GAM: Sodium bicarbonate 2600 mg, leucovorin 15 mg, 12PM: Sodium bicarbonate 2600 mg, leucovorin 15 mg, GPM: Sodium bicarbonate 2600 mg, leucovorin 15 mg, 12AM: Sodium bicarbonate 2600 mg, leucovorin 15 mg 	 6AM: Sodium bicarbonate 2600 mg, leucovorin 15 mg, 12PM: Sodium bicarbonate 2600 mg, leucovorin 15 mg 6PM: Sodium bicarbonate 2600 mg, leucovorin 15 mg, 12AM: Sodium bicarbonate 2600 mg, leucovorin 15 mg 			



Hyper-CVAD B – Homework Sheet

HyperCVAD: B cycle

Day Before Treatment Begins/1st Day of Treatment

You are responsible for completing the tasks on this list between today and the time you see the nurse in the Day Hospital for treatment. Check off each one as you do it, bring this sheet to your appointment in the Day Hospital, and give it to the nurse caring for you.

Begin on , the day before you are scheduled to receive treatment:

- D-1 (Date:)
 - 6AM
 - Take medication: Sodium bicarbonate 2600 mg (4 tablets)
 - Morning
 - Check urine pH, record on sheet
 - 12PM (noon) 0
 - Take medication: Sodium bicarbonate 2600 mg (4 tablets)
 - Afternoon 0
 - Check urine pH, record on sheet
 - 6PM
 - Take medication: Sodium bicarbonate 2600 mg (4 tablets)
 - Evening 0
 - o Check urine pH, record on sheet
 - 0 12AM (midnight)
 - Take medication: Sodium bicarbonate 2600 mg (4 tablets)
- D+1 (day of treatment) (Date:)
 - o 6AM
 - Take medication: Sodium bicarbonate 2600 mg (4 tablets)
 - Check urine pH, record on sheet
 - 12PM (noon) during appointment
 - Take medication: Sodium bicarbonate 2600 mg (4 tablets)

BRING TO YOUR NEXT APPOINTMENT

- This sheet (nurse will keep)
- Urine pH log (nurse will return to you) ٠
- Medications to take during your appointment and/or while you are away from home

HyperCVAD: B cycle

2nd to 3rd Day of Treatment

You are responsible for completing the tasks on this list between the time you leave the Day Hospital today and the time you return to the Day Hospital tomorrow for treatment. Check off each one as you do it, bring this sheet to your appointment in the Day Hospital, and give it to the nurse caring for you.

D+2 (Date: _____)

End time of methotrexate:

- 6PM (during PM appointment)
 - Take medication: Sodium bicarbonate 2600 mg (4 tablets)
 - Take medication: Ondansetron 8 mg (1 tablet)
 - Take medication: Prednisolone eye drops, 2 drops in each eye
- Evening
 - Check urine pH, record on sheet
- Time: _____ (12 hours (+/- 1 hr) after methotrexate end time)
 - Take medication: Leucovorin 25 mg (5 pills)
- 12AM (midnight)
 - Take medication: Sodium bicarbonate 2600 mg (4 tablets)

D+3 (Date:

- o 6AM
 - Take medication: Sodium bicarbonate 2600 mg (4 tablets)
 - Take medication: Leucovorin 25 mg (5 pills)
 - Take medication: Ondansetron 8 mg (1 tablet)
 - Take medication: Dexamethasone 12 mg (3 tablets) Ō
 - Take medication: Prednisolone eye drops, 2 drops in each eye
 - 0 Check urine pH, record on sheet
- 12PM (noon) (during AM appointment)
 - Take medication: Sodium bicarbonate 2600 mg (4 tablets)
 - Take medication: Leucovorin 15 mg (3 pills) *Note lower dose than at 6AM*
- 6 PM (during PM appointment)
 - Take medication: Sodium bicarbonate 2600 mg (4 tablets)
 - Take medication: Ondansetron 8 mg (1 tablet) 0
 - Take medication: Leucovorin 15 mg (3 pills)
 - BRING TO YOUR NEXT APPOINTMENT
- This sheet (nurse will keep)
- Urine pH log (nurse will return to you) ٠
- Medications to take during your appointment and/or while you are away from home



Summary

- Transitioning inpatient chemotherapy regimens to the outpatient is feasible
- Multidisciplinary team is needed to be successful
- Making sure to have chosen the right patient
- Nurse and patient education is crucial

