

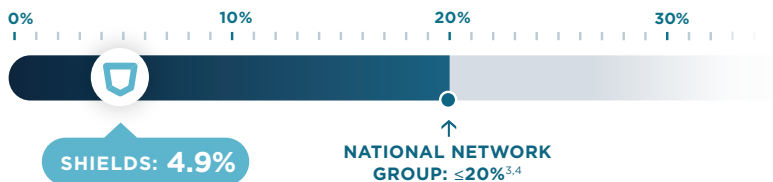
# Oncology

Cancer, a genetic disease in which some of the body's cells grow uncontrollably and spread to other parts of the body, is caused by changes to genes that control the way our cells function.<sup>1</sup> The goals of cancer treatment include eradicating known tumors, preventing the recurrence or spread of the primary cancer, and relieving symptoms.<sup>2</sup>

## EMERGENCY DEPARTMENT (ED) / HOSPITAL UTILIZATION | Why It Matters:

Unplanned ED and hospital utilization is common in cancer patients due to disease state or drug complications and contribute to the total cost of care. Close clinical monitoring of patients on oral oncolytic therapy, especially early in their treatment course, can help identify adverse events, medication complications, and barriers to adherence, potentially preventing unplanned ED and hospital utilization.

### Percent of patients reported hospital utilization due to oncology related symptoms<sup>3,4</sup>



## ABSENTEEISM | Why It Matters:

Comprehensive care requires a thorough understanding of disease management. Absenteeism measurement is a vital component, providing insights into disease burden and quality of life effects, leading to enhanced care, improved quality of life, and reduced costs.



## SHIELDS ONCOLOGY PATIENT JOURNEY

Shields uses a proactive approach to the management of patients on complex oncology medications with a carefully designed cadence of clinical pharmacist assessments. Patients receive at least two clinical pharmacist touchpoints within the first week of therapy. Clinical reassessments depend on patient factors and medication risk; however overall, patients receive an average of three to 14 touchpoints annually, starting one week after therapy begins.



## 3 Common Barriers to Oncology Treatment

**1**

**Financial Burden**  
Patients with high out-of-pocket costs are more likely to discontinue cancer therapy.<sup>5,6</sup>

**2**

**Toxicity Monitoring and Management**  
Many treatment options have harmful side effects and require frequent monitoring.

**3**

**Patient Education**  
As patients navigate their cancer journey, having a solid support system is correlated with better outcomes.

# Oncology

## Our proven Shields model breaks down barriers to care to optimize patient outcomes

Shields Health Solutions' dedicated team of clinical pharmacists, liaisons and patient support advocates, engage patients and their families to help educate, coordinate care and ensure patients receive specialty medication without significant delays. Our integrated care model lowers the cost of care by preventing unnecessary ED, hospital and physician appointments.<sup>7</sup>

### ENGAGE

Our clinical team engages with patients at the clinic and through telehealth appointments.

### INTERVENE

Clinical pharmacists intervene to improve the patient's care plan when drug interactions, related side effects, barriers to adherence or other instances are identified.

### COORDINATE

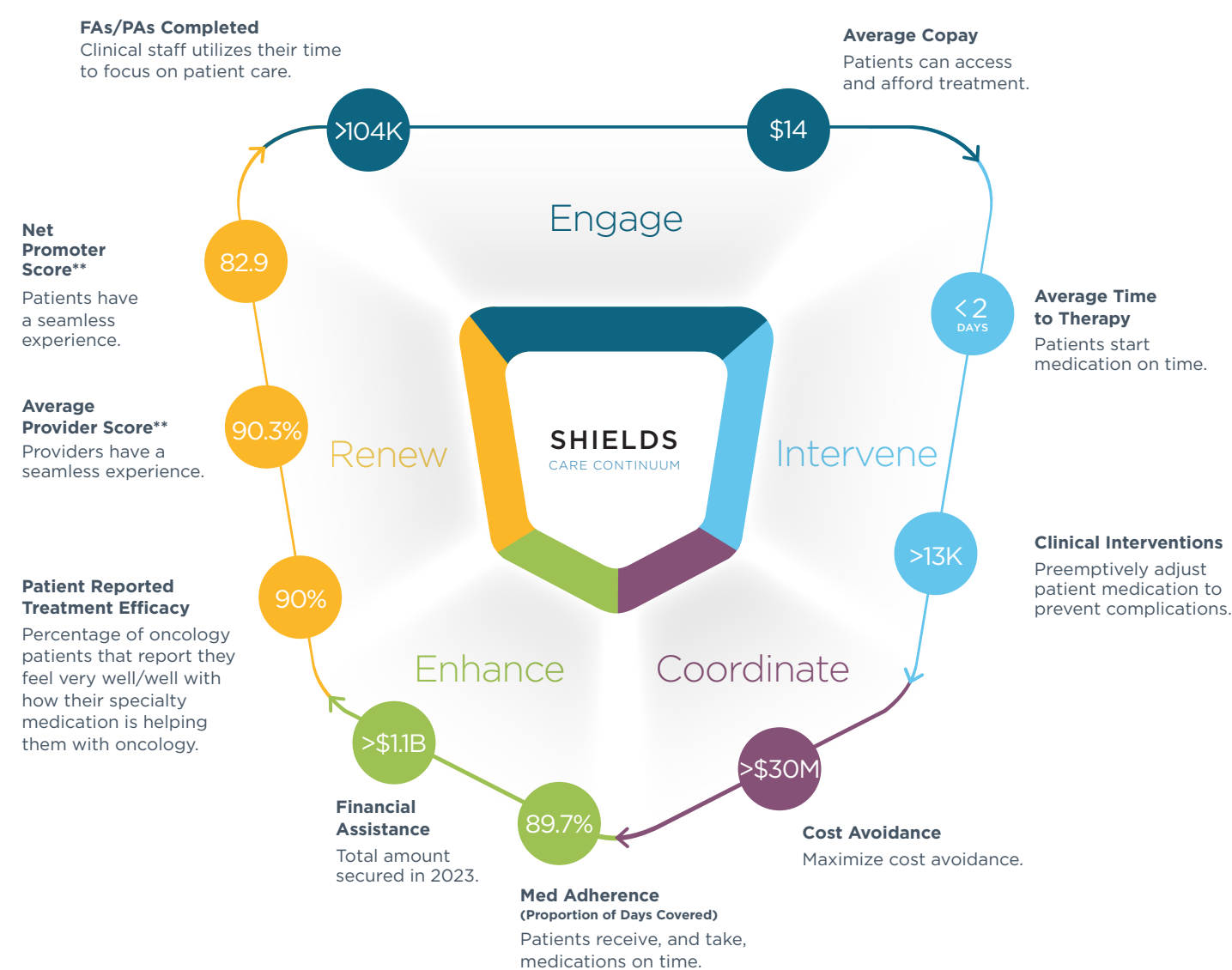
Liaisons investigate patient benefits, complete prior authorizations and identify financial assistance, minimizing barriers to optimal therapy.

### ENHANCE

Through clinical pharmacist interventions, we can enhance patient care by providing support, education, and optimizing therapy when challenges arise, and treatment goals are not met.

### RENEW

Ongoing interactions beyond refills; proactively identify opportunities to improve patient care and outcomes at each touchpoint.



\* Shields Health Solutions Network includes data from a collective of member health systems that partner with Shields to elevate an integrated specialty pharmacy model.  
 \*\* Scores have been combined from both spring and fall 2023 survey results.

<sup>1</sup> National Cancer Institute <https://www.cancer.gov/about-cancer/understanding/what-is-cancer> Updated May 5, 2021. Accessed February 14, 2024.  
<sup>2</sup> National Cancer Institute. Seer Training Modules <https://training.seer.cancer.gov/treatment/> Accessed February 15th, 2024.  
<sup>3</sup> Lash RS, et al. Cancer Nursing. 2017;40(2):135-144. Available at: [www.ncbi.nlm.nih.gov/pmc/articles/PMC5001935/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5001935/).  
<sup>4</sup> Rivera DR, Gallicchio L, Brown J, Liu B, Kyriacou DN, Shelburne N. Trends in adult cancer-related emergency department utilization: An analysis of data from the Nationwide Emergency Department Sample. JAMA Oncol. 2017 Oct 12;3(10):e172450. doi: 10.1001/jamaoncol.2017.2450. Epub 2017 Oct 12. PMID: 28859189; PMCID: PMC5824316.  
<sup>5</sup> Kaisaeng N, et al. J Manag Care Spec Pharm 2014;20(7):669-75  
<sup>6</sup> Streeter SB, et al. J Oncol Pract 2011;7(3 Suppl):465-515  
<sup>7</sup> Fasching D, Donovan J, Smullen K, Ditch K, Smith B. Improved Oncology Total Medical Expense Associated with the use of Integrated Health System Specialty Pharmacy Care Model. Poster presented at ASHP; July 14-16, 2021; Virtual Meeting.