

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.¹ The goals of cancer treatment include eradicating known tumors, preventing the recurrence or spread of the primary cancer, and relieving symptoms.²

What We Measure

Percent of patients reporting hospital and emergency room (ER) utilization due to oncology related symptoms

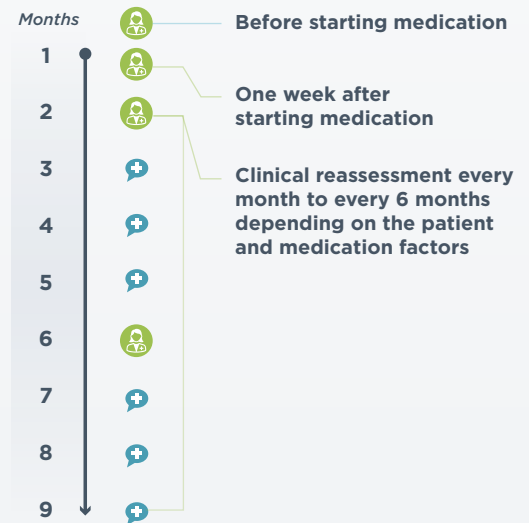


Why It Matters

Unplanned ER and hospital visits are common in cancer patients due to disease or drug complications, driving up care costs. Close clinical monitoring of patients on oral oncolytic therapy, especially early on, can help prevent these events by identifying adverse events, medication issues, and adherence barriers. Tracking absenteeism and adherence is key to addressing care gaps, enabling timely interventions, and improving health outcomes.

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.



PATIENT JOURNEY KEY	
	Liaison Touchpoint
	Pharmacist & Liaison 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.

** All metrics are reflective of data collected in 2024

** Adherence is measured by the proportion of days covered (PDC)

¹ National Cancer Institute. <https://www.cancer.gov/about-cancer/understanding/what-is-cancer> Updated May 5, 2021. Accessed December 14, 2024

² National Cancer Institute. Seer Training Modules. <https://training.seer.cancer.gov/treatment/> Accessed Dec 14th, 2024.

³ Lash RS, Bell JF, Reed SC, et al. A systematic review of emergency department use among cancer patients. *Cancer Nurs.* 2017;40(2):135-144. doi:10.1097/NCC.0000000000000360

⁴ Rivera DR, Gallicchio L, Brown J, et al. Trends in adult cancer-related emergency department utilization: An analysis of data from the Nationwide Emergency Department Sample. *JAMA Oncol.* 2017;3(10):e172450. doi:10.1001/jamaoncol.2017.2450

⁵ Academia EC, Mejias-De Jesus GM, Stevens JS, et al. Adherence to oral oncolytics filled through an internal health-system specialty pharmacy compared with external specialty pharmacies. *J Manag Care Spec Pharm.* 2021;27(10):1438-1446. doi:10.18553/jmcp.2021.27.10.1438

⁶ Doshi JA, Jahnke J, Raman S, et al. Treatment utilization patterns of newly initiated oral anticancer agents in a national sample of Medicare beneficiaries. *J Manag Care Spec Pharm.* 2021;27(10):1457-1468. doi:10.18553/jmcp.2021.27.10.1457

⁷ Zuckerman AD, Wheelchel K, Kozlicki M, et al. Health-system specialty pharmacy role and outcomes: A review of current literature. *Am J Health Syst Pharm.* 2022;79(21):1906-1918. doi:10.1093/ajhp/zxac212

⁸ POA measure overview. Pharmacy Quality Alliance. Published 2024. Accessed October 21, 2024. Available at: https://www.pqaalliance.org/assets/Measures/PQA_Measures_Overview.pdf.