In the ambulatory care setting, chemotherapy regimens have become increasingly complex with the combination of induction treatments and oral medications. Nurses at one cancer center implemented an oral adherence tracking documentation system in the electronic health record (EHR). Oncology nurses assessed and monitored adherence to oral chemotherapy at each clinical encounter and during telephone calls and then documented findings in the EHR. After implementing this new standardized approach, adherence rates were captured as a metric for the organization.

AT A GLANCE

- Poor adherence to oral chemotherapy may lead to loss of treatment efficacy, increased toxicity, and increased hospital use and stays, all of which increase healthcare costs.
- EHR oral adherence–tracking tools are beneficial to patients and oncology nurses.
- Initial oral adherence pilot data showed improvement in adherence rates but inconsistencies in adoption of the EHR workflow by all disease management groups.

Oral Chemotherapy Adherence

A novel nursing intervention using an electronic health record workflow

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O ral chemotherapy and combination treatment have made chemotherapy regimens increasingly more complex. More than 30 oral cancer therapies are approved for use in the United States, and many more are in the pipeline (Walter et al., 2013). Adherence is defined as the extent to which patients are able to follow the recommendations for prescribed treatments, to take medications correctly, which includes the correct dosage taken at the correct time, and to fill the prescription in a timely fashion (Hugtenburg, Timmers, Elders, Vervloet, & van Dijk, 2013). Poor adherence to oral chemotherapy may lead to loss of treatment efficacy, increased toxicity, and increased hospital use and stays, all of which can increase healthcare costs (Arthur et al., 2015).

Adherence

A few reasons for nonadherence to oral chemotherapy regimens may be access to medication, limited insurance coverage, side effects, complex schedules (e.g., multiple doses), and patient lack of understanding (e.g., level of education) (Greer et al., 2016; Schneider, Hess, & Gosselin, 2011; Wood, 2012). Patients and healthcare providers face many challenges with managing and monitoring adherence to oral chemotherapy agents. Nurses play a critical role in managing oral chemotherapy because of close relationships with patients (Walker, 2016). The most important factors in achieving patient adherence to oral chemotherapy include effective communication between clinicians and patients (Wood, 2012). Patients need education about their disease, possible side effects, and the importance of taking the prescribed medication as ordered. In addition, patients should have an informed collaboration with the clinicians at the start of the oral therapy and throughout treatment (Wood, 2012).

Healthcare professionals need effective and sustainable measures to monitor adherence to oral chemotherapies; however, establishing practical methods for measuring adherence is not an easy task when the patient is self-administering medications at home (Arthur et al., 2015). At the Laura and Isaac Perlmutter Cancer Center in New York, New York, the Multidisciplinary Oral Chemotherapy Task Force set a goal to establish a robust standardized process workflow for ongoing assessment of patients' adherence to oral chemotherapy. In an effort to ensure that patients were taking oral anticancer medications and refilling prescriptions, a novel tracking documentation system was created in the electronic health record (EHR). Nurses can assess for oral chemotherapy adherence in a systematic way, enroll their patients using the workflow, and document findings in the EHR.