

Oncology Advisory Committee

July 15th, 2021

MEDITECH



Our Mission

The ONCAC mission is to **advance oncology informatics** throughout healthcare organizations and to **enhance safety and efficiency of oncology practices**. The ONCAC committee members will serve as subject matter experts and provide guidance, recommendations, and conceptualization on Oncology Best Practices through the use of MEDITECH software and provide feedback for the future design of the Oncology application.



External Members

- Gary Anderson, MN
- Dr. Trevor Bayliss, MA
- Jill Blankinship, IN
- Lauren Cox, MO
- Robbie Espejo, OH
- Alli Evert, OH
- Stacey Francis, MA
- Joo Hyun Greenwood, OH
- Amanda Gutshall, IA
- Kaiser Luebke, AR
- John Heeren, NJ
- Wendy McIntyre, IL
- Christine Mitry, ON
- Dana Morrison, MA
- Tami Morsching, MN
- Sandy Mulford, OH
- Paula Patton, AR
- Travis Reeves, IN
- Dawn Scott, ON
- Dr. Gautam Sudan, ON
- David Thompson, MA
- Joshua Vestal, KY
- Jodi Wieczorek, MN
- Suzanne Woodbury, MA
- Dr. Yendala, AR



Agenda

- **Standard Content**
- **Teamwork = Success!**
- **Covid Management**
- **Interactions/Conflicts:**
Maintenance Warnings
- **Development Corner**



Standard Content

Michael Ricardi, Supervisor

Standard Content - Expanse Oncology w/ Patient Care

- As part of the overall integration with Expanse Patient Care, Oncology will now leverage existing dictionaries in an effort to compile real-time patient lists, based on appointments and treatment plan ordering criteria.
- This is useful to both treatment nurses and pharmacists working with patients during their chemotherapy/infusion appointments.
- Customer feedback has also yielded the creation of an “Oncology Charging Assessment” for use on the Patient Care Worklist; this will facilitate administration charges, if applicable to your organization.

Standard Content - Oncology Status Boards

- From a Patient Care Status Board perspective, content has been created in the following dictionaries:
 - Patient Care Status Board Selection
 - Patient Care Color Scheme
 - Patient Care List Format
 - Patient Care Access

Standard Content - Oncology Charging Assessment

ONC.CHARGES - Oncology Charges Last Edit: 05/21/21 09:39

07/09/21
10:53
by

ONC.CHARGES

- [-] Oncology Charges
 - [-] Charge Assessment

Initial/Primary	
	<ul style="list-style-type: none"><input type="radio"/> CHEMO ADM IV INT 16-60MN IV Infusion, up to 1 hour, single or initial chemo administration<input type="radio"/> CHEM ADM IV PUSH SNG/INT IV Push initial chemotherapy or IV chemotherapy, <= 15 minutes<input type="radio"/> IV THERAPY <=1 HR IV Therapy Infusion up to 1 hour<input type="radio"/> INJECT IV PUSH SNG/INT IV Push initial IV Therapy <= 15 minutes<input type="radio"/> IV HYDRATION INT 31-60MN IV Hydration, initial 31 minutes to 1 hour
Secondary/Sequential	All
	<ul style="list-style-type: none"><input type="checkbox"/> CHEMO ADM IV EA ADD 31-60 Each additional hour of Chemo IV therapy infusion if infusion exceeds 31 minutes or more after the initial hour. *See Infusion Time Increment Table<input type="checkbox"/> CHEMO ADM IV SEQ 16-60MN Sequential Chemo Infusion, first 16-60 min (new/different drug)<input type="checkbox"/> CHEMO ADM IV PUSH EA ADDL IV Push, each additional sequential IVP of a new/different drug<input type="checkbox"/> IV THERAPY EA ADD HR Each additional hour of IV therapy infusion if infusion exceeds 31 minutes or more after the initial hour *See Infusion Time Increment Table<input type="checkbox"/> IV THERAPY SEQ UP TO 1 HR Sequential Therapeutic Infusion, first 16-60 min (new/different drug)<input type="checkbox"/> IV THERAPY CONCURRENT Concurrent infusion - multiple infusions provided simultaneously through the same line. <p>Report concurrent infusion only once per encounter. The stop time would be the time both drugs are</p>

Standard Content Future State - Survivorship Care Plans

- MEDITECH is currently pursuing an initiative to develop Survivorship Care Plans for use in our Expanse platform
- This will be a partnership with the NCCN.
- We also continue to develop Treatment Plan Regimens on an-going basis, as part of our partnership.



TEAMWORK = SUCCESS

**Sandy Mulford , MSN, RN, Clinical Systems Analyst
Wooster Community Hospital Health System**

Wooster Community Hospital Health System – Wooster, OH

- Upgraded from Oncology 6.15 to Expanse Oncology
 - LIVE - April 2021
- Significant Changes:
 - Acute-based provider visits to Web-based provider visits
 - Moved from one facility to another for provider visits
 - Scheduling changes
 - Documentation
 - Charges
 - Functionality

Team Approach Makes a Difference

- Strong core team made up of analysts (clinical and non-clinical), Ambulatory specialists, Oncology provider, and Oncology director
- Sponsorship and support at the Executive level
- Each member was committed to the success of the project
- Weekly work sessions (provided great opportunity to work through workflows and identify issues)
- Bi-weekly calls with Meditech
- Training

Challenges

- Communication between AMB/Acute systems
- Scheduling appointment sets between the facilities
- Initially found challenges with Ambulatory workflow guidance as support and best practices were getting established. As we were the FIRST facility to move from 6.15 to Expanse Web Oncology




Covid Management

Sandy Kerfien, Supervisor

Pandemic response changes

- Increase of Virtual Visits/Telehealth Services
- Visitors
- Isolation Protocols
- Increased communications. (Virtual town halls, daily huddles with local leadership, calls with partners, emails and phone conferences for staff, media briefs, and others.)
- Reimbursement changes

A top-down view of a dark wooden desk. In the upper left, a smartphone is on a white notebook. A blue and silver stethoscope is in the upper center. A white tablet is in the upper right. A glass of water is in the far right. A black pencil lies horizontally across the middle of the desk.

What were some of your unexpected “Wins”
with some of the changes your facility
implemented during the pandemic?

Will these continue post-pandemic?



Interactions/Conflicts: Maintenance Warnings
Nicole Ryan, Senior Supervisor



Interactions/Conflicts: Maintenance Warnings



Ryan, Nicole
 35 F 10/02/1985
 PRE RCR ATLANTIC

Resus Status Not Ordered No Hx Avail
 1.65m 68kg BSA:1.75m² BMI:24.9kg/m²
 Allergy/Adv: egg yolk

MG0000061884

MR00002
 D34345

Conflicts

Order	Admin Days	Action
Denosumab [Xgeva] 120 mg SQ ONCE	1	<input type="button" value="Override"/> <input type="button" value="Erase"/> <input type="button" value="Replace"/>

Conflicts

Screening Type	Description	Severity
Side Effect	Hypertension	Severe
Frequency	Incidence less frequent	
Message	denosumab 120 mg/1.7 mL (70 mg/mL) SUBCUTANEOUS vial has a potential side effect of hypertension, which is clinically equivalent to the patient's current condition of Hypertensive disorder, systemic arterial (disorder).	
Condition Hierarchy	Patient Problem: Hypertension ↳ Associated SNOMED Code: 38341003 - Hypertensive disorder, systemic arterial (disorder) ↳ Hit Condition: hypertension	
Dose Warning	Maintenance (4 Warnings)	
	<input checked="" type="radio"/> Maintenance (4 Warnings)	
Dose Threshold	Total dose of 120 milligrams per day exceeds the maximum daily dose of 5.04 milligrams per day.	
Frequency Check	Frequency of 1 administration per day exceeds the frequency range of 0.03 to 0.04 administrations per day.	
Duration Check	Duration of 1 day is below the minimum duration of 28 days.	

Directions	<input type="text" value="QMONTH"/>
Mnemonic	<input type="text" value="QMONTH"/>
Active	<input type="text" value="Yes"/>
Name	<input type="text" value="Every Month"/>

Day Schedule	<input type="text" value="Q30D"/>
Day Schedule Display	<input type="text"/>
Average Doses per Day	<input type="text" value="0.033333"/>
Rank	<input type="text" value=".00"/>
Default Schedule for Meds	<input type="text" value="SCH"/>
Number of Hours to First Dose	<input type="text"/>

Interactions/Conflicts: Maintenance Warnings

Dosing Information | **Audit Trail**

Export

Denosumab Subcutaneous 120 mg/1.7 mL (Xgeva)

Clinical Route: Subcutaneous

Reset to FDB Standard

Clinical Formulations: 1 result

Help

Entire Set

MEDITECH Notes (Please Read)

The Not-to-Exceed Single Dose value is not available in MEDITECH. It is displayed in AlertSpace only for reference.

X

FULL SCREEN

Age Range	Maintenance Dose						Single Dose				
	Daily Dose			Frequency	Single Dose		Daily Dose			Single Dose	
	Low	High	Maximum	Low - High	Maximum	Not-to-Exceed	Low	High	Maximum	Maximum	Not-to-Exceed
0 Birth - 12 Years	<div style="display: flex; justify-content: space-between; align-items: center;"> No Data Why? FDB Mine </div>										
13 Years - 110 Years	<div style="display: flex; justify-content: space-between; align-items: center;"> Standard Dosing FDB Mine </div>										
	3.42 mg/day	5.04 mg/day	5.04 mg/day	0.03 - 0.04 times/da..	126 mg	126 mg	120 mg/day	120 mg/day	120 mg/day	120 mg	120 mg

Loading dose

Interactions/Conflicts: Maintenance Warnings

IDEA 31771: Maintenance Frequency Warnings to be suppressed on ONC Medications

Synopsis: Current state, Oncology Drug Products are established as ONCE, SCH medications, and file via OM to Pharmacy in that manner. The maintenance dose range checking that generates for these medications is based on the direction (defined with an average doses per day of 1) and generates frequency warnings for medications with a frequency of less than once per day as defined by FDB. The Oncology medications that are defined as ONCE, SCH medications, the system should not generate maintenance conflicts, as the schedule is use is for that day only and not the entirety of the cycle. The schedule for the medications is determined by the treatment plan administration days, and managed by the Oncologist.

*As a note: ONC Drug Products are current state only available to be created as SCH or PRN medications, not ONE time orders.



Development Corner

Michelle Nabors, Supervisor, Oncology Development

Emily Pacheco-Valente, RN, Product Manager, Strategy Division

Oncology Development Roadmap

Complete

- AMB Registry Integration
- 21st Century Cures interoperability advancements
- ONC Review Notifications
- Patient Care Home Screen (Infusions)
- Departure (and Pt Calendar)

In Process

- Survivorship Improvements
- Genomics Integration and Decision Support
- Inpatient Chemo Administration improvements
- Apply Edits to Draft Cycles
- PoC w/ ONC
- Pharmacy / Oncology integration improvements

Upcoming

- Launch to Acute Ordering
- Staging integration with Pathology
- More Flexibility to Transition Orders
- Tx Plan Dict maintenance improvements

Determining

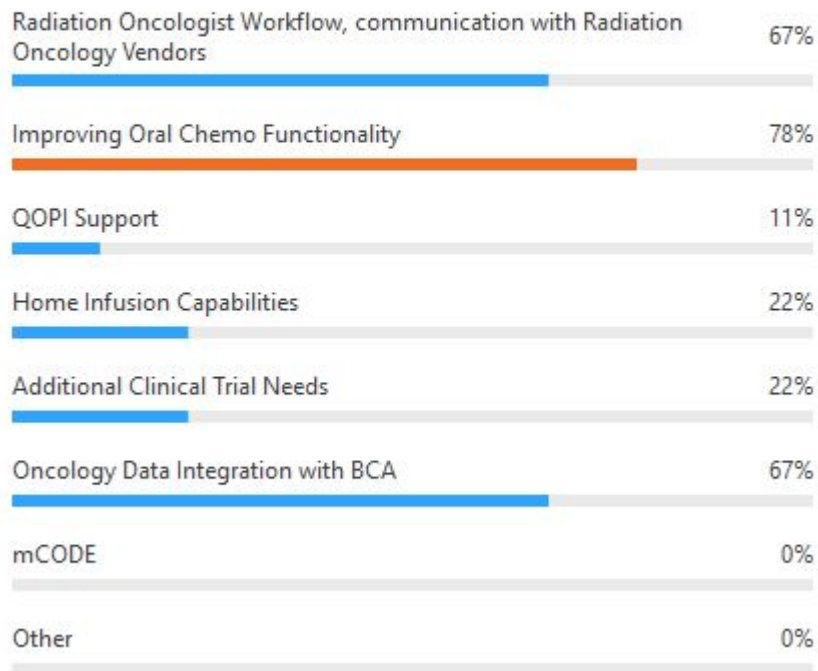
- Early Adopter Feedback
- Regimen Ordering
- Standard Content for Survivorship Surveillance
- Radiation Oncologist Workflow
- Improving Oral Chemo
- QOPI Support
- Home Infusion Capabilities
- Additional Clinical Trial Needs
- Oncology Data Integration with BCA
- mCODE

Future Initiatives Poll

- Which items on the list are your top three choices that you would like to see in Expanse Oncology:
 - Radiation Oncologist Workflow, communication with Radiation Oncology Vendors
 - Improving Oral Chemo Functionality
 - QOPI Support
 - Home Infusion Capabilities
 - Additional Clinical Trial Needs
 - Oncology Data Integration with BCA
 - mCODE

*Don't see your top idea on this list? (epacheco@meditech.com)

1. Which items on the list are your top three choices that you would like to see in Expanse Oncology? (Multiple choice)



AMB Registries Integration

<input checked="" type="checkbox"/>	Patient	Age	Race	Recent Oncology Treatment Plan
<input type="checkbox"/>	Glendale, Joseph PCP: <none> 68 M MR00003333	68		Cisplatin & Carboplatin (JRG)
<input type="checkbox"/>	Bassett, Forest PCP: <none> 25 M MR00100935	25		Carboplatin & Paclitaxel
<input type="checkbox"/>	SWORD, GERALD PCP: <none> 40 M MR00107670	40	White European	Capecitabine & Oxaliplatin

- Recent Oncology Treatment Plan column is an option to add to a Registry
- Treatment Plan listed matches the treatment plan that displays in the Widget and Documentation
- Clicking into the item brings up an overlay with more information

AMB Registries Integration

Oncology Treatment Plans Close

oclin,e152860 (c) 25 M Allergy/Adv: No Known Drug Allergies

Carboplatin & Paclitaxel

▼ Start 06/09/2020
Active

ONC Diagnosis
Bladder Cancer

ONC Staging
P: pTX pNX pM1 Stage Group: I

Clinical Indication
Adjuvant Therapy

Chemotherapy
PACLitaxel (Taxol)
CISplatin (Platinol)

Emoetin

> Start

Quick summary of each plan on the patient

Development Corner: Upcoming Research

- Radiation Oncologist Workflows
 - *Manager: Nate Mettille* - nmettille@meditech.com
- Genomics
 - *Designer: Pati Hibbard* - phibbard@meditech.com
 - *Sign Up: [Calendly Schedule](#)*
- Managing Multiple Weight Methods in a Plan
 - *Designer: Heidi Sokoloski* - hsokoloski@meditech.com

General Oncology Development and Strategy contacts:

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Questions?

Next ONCAC meeting
October 2021



Oncology Resources

- [Oncology Advisory Committee \(ONCAC\) Webpage](#)
- [MEDITECH On Demand](#)
- [Oncology Featured Knowledge Base Articles](#)
- [Product Resource Pages](#)
 - **All Product Lines available**
- [Expanse End-User Based Roles Resources](#)



Thank You!

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