# Increasing the Use of Olanzapine in Patients Receiving Chemotherapy in a Community Practice Bindu Potugari, MD







# Increasing the Use of Olanzapine in Patients Receiving Chemotherapy in a Community Practice



System-owned, multi-specialty
12 physicians; 9 advanced practice providers
2427 new patients annually
EMR—Epic



### **Project Team Members**



Bindu Potugari, MD, Hematology/Oncology fellow.

Kathleen Beekman, MD, Director.

Carol Yarrington, PharmD, BCOP; Tiffany Herman, PharmD.

Jane Tolkinen, DO, Hematology/Oncology fellow.

Larry Goodin, Medical Informatics.

Sara Colom, MS, Biostatistician.



### **Problem Statement**

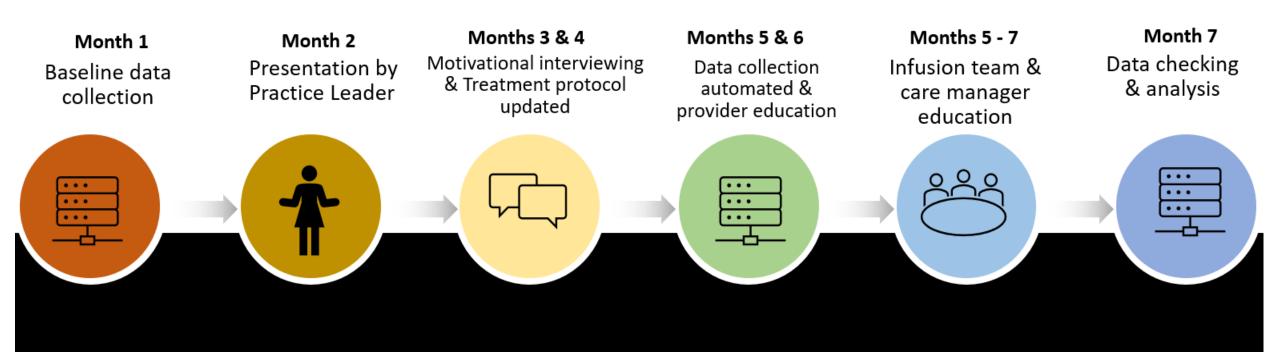
Olanzapine is underused in patients receiving high emetic risk chemotherapy nationally & in MOQC

**Quality Improvement Project** 

Goal: Improve prescribing of olanzapine

Overall goal: Improve patient quality of life





## Project Timeline

Month 1
Baseline data
collection

#### Month 2

Presentation by Practice Leader

#### Months 3 & 4

Motivational interviewing & treatment protocols updated

#### Months 5 & 6

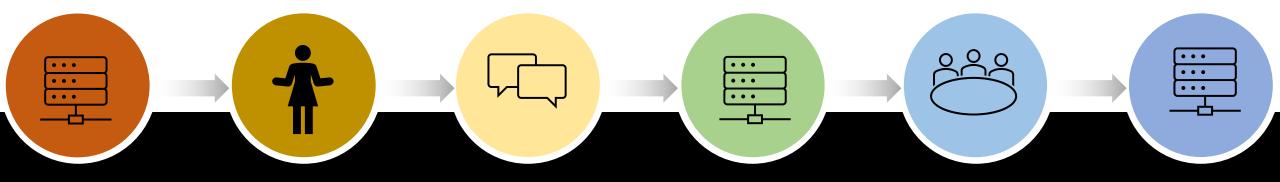
Data collection automated & provider education

#### **Months 5 - 7**

Infusion team & care manager education

### Month 7

Data checking & analysis



Baseline data
Patients starting high emetic risk
chemotherapy between
November 1, 2020 – April 3, 2021 N = 1260/126 received olanzapine



## Barriers to the use of olanzapine



Lack of agreement/ comfort with guidelines

Starting with olanzapine (10 mg) too high

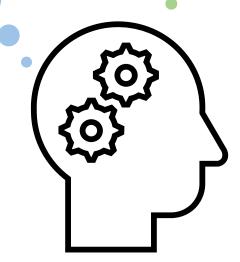
Believe that many patients do not need olanzapine

Preference to give with subseq cycles if pt is symptomatic during cycle 1

Lack of familiarity with olanzapine and its side effects

Greater pill burden with the addition

of olanzapine



Prescribers can identify patients who will need olanzapine

Lack of awareness of guidelines recommending olanzapine

**Knowledge, Attitudes, Beliefs Regarding Guidelines & Olanzapine** 

Accustomed only to other antiemetics

### Other barriers



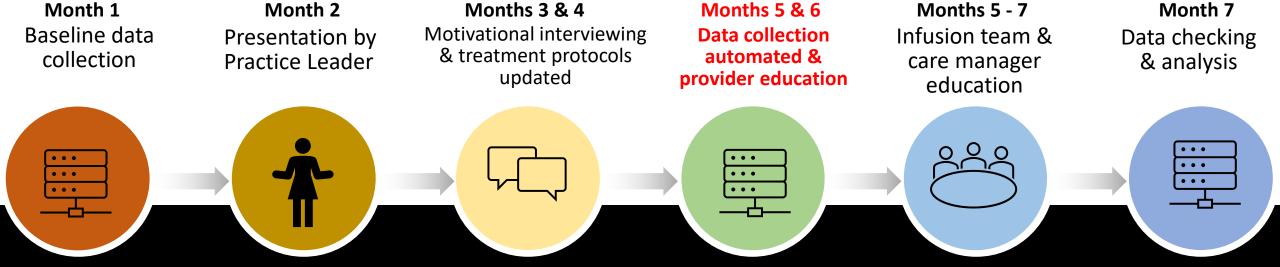
# Patient related factors

- Patient concerns about using a drug approved as an antipsychotic
- Increase in number of pills

## External/ environmental factors

- Lack of adequate time
- Olanzapine is not included in the treatment protocol
- Insurance coverage and copays





Baseline data
Patients starting high emetic risk
chemotherapy between
November 1, 2020 – April 3, 2021
N = 126

**Project Timeline** 

No patient received olanzapine



# Month 1 Baseline data collection

# Month 2 Presentation by Practice Leader

### Months 3 & 4

Motivational interviewing & Treatment protocol updated

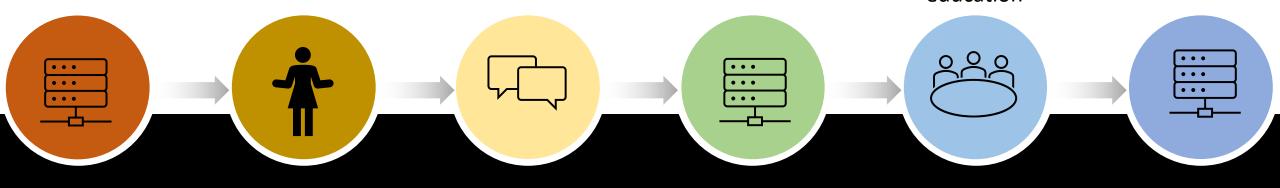
#### Months 5 & 6

Data collection automated & provider education

Months 5 - 7

Infusion team & care manager education

Month 7
Data checking & analysis



Baseline data
Patients starting high emetic risk
chemotherapy between
November 1, 2020 – April 3, 2021
N = 126

No patient received olanzapine

Follow up data

Patients starting high emetic risk chemotherapy

June 1, 2021 – November 30, 2021

N = 179

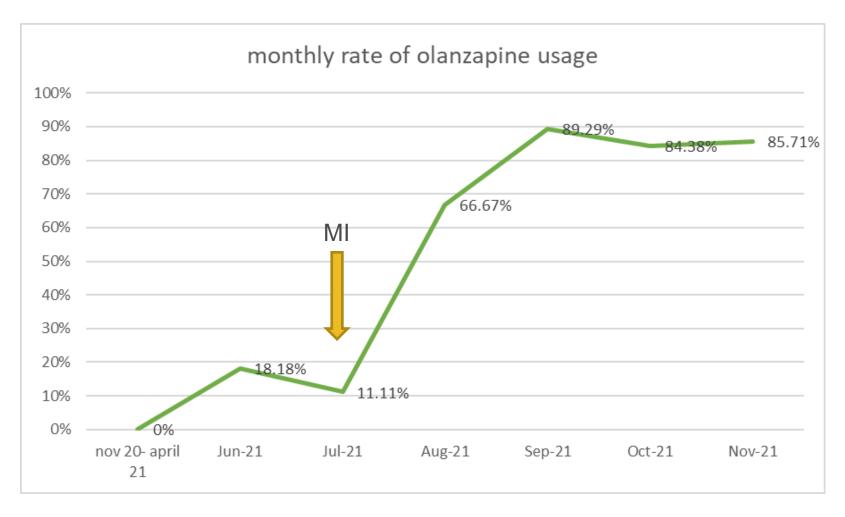
63.5% received olanzapine



P < 0.001

### Run chart





MI- motivational interview

### Key Lessons and Next Steps



What is working today?
What would we do differently?
What is next?
Is it sustainable?

Discussion