Interactive Point-of-Care Tools to Improve Guideline Adherence: Case-Specific Supportive Care Recommendations

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Background

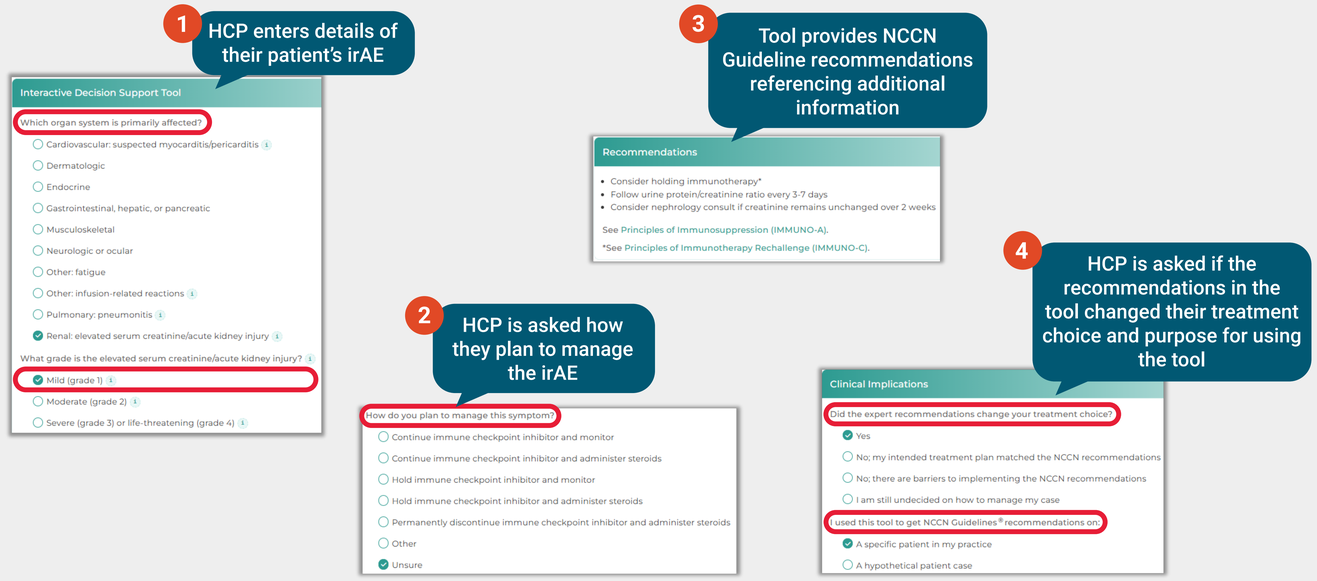
- A goal of CPD programs is to increase the number of patients whose care is consistent with evidence-based guidelines such as those published by the National Comprehensive Cancer Network® (NCCN Guidelines®).[1]
- Immune checkpoint inhibitors (ICIs) represent a significant advancement in oncology therapeutics across a variety of solid tumor malignancies, leading to improved patient outcomes; however, **substantial proportions of patients discontinue their use because of immune-related adverse events (irAEs)**.[2,3]
- The unique nature of irAEs—potentially affecting any organ system—represents a varied challenge in clinical practice and a steep learning curve to diagnose and manage.
- Guidelines are often not interactive and contain large volumes of information, which can be a barrier for healthcare professionals (HCPs) to use at the point of care.

Objectives

- We aimed to develop an Interactive Decision Support Tool (IDST) based on NCCN guidelines that would provide **case-specific expert and/or guideline recommendations** for use at the point of care.[4]
- The IDST would also provide an opportunity for simulation, practice and feedback, and reflection when comparing current practice to evidence-based standards.

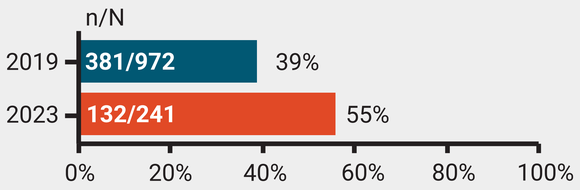
Methods

Figure 1. IDST Illustration



Results

Figure 2. HCP Concordance With NCCN Guidelines in Managing irAEs From 2019 to 2023[2]



- HCP concordance with NCCN guidelines in managing irAEs increased from 2019 to 2023

Figure 3. irAE Cases by Primary Affected Organ System

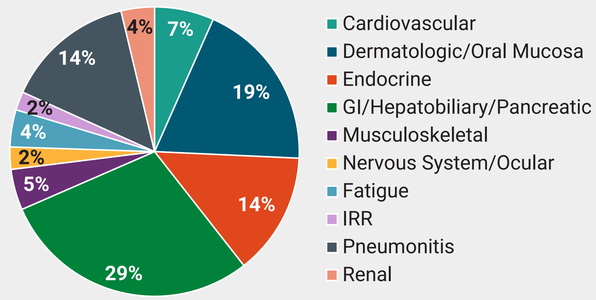
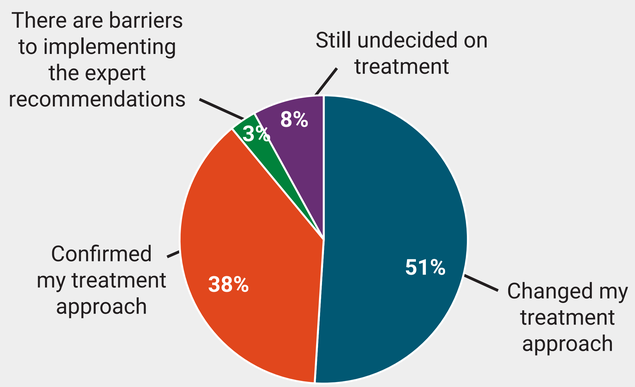


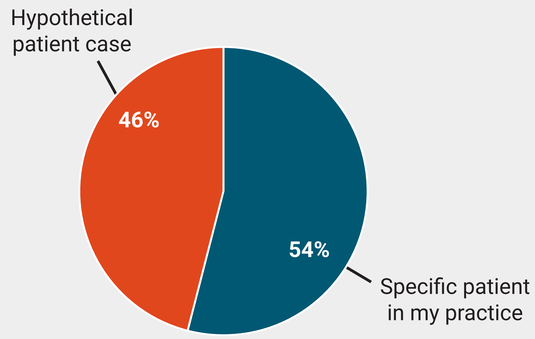
Figure 4. Impact of the IDST on HCP Management Plan and Patients

Impact of Tool on Intended Treatment



51%
Changed Management Approach

Learners' Intended Use of Tool



54%
Used at POC for Real Patient in Practice

Discussion

- Analysis revealed that HCPs' planned management strategies differed from NCCN guidelines in approximately one half (55%) of all cases.
  - This was an improvement from an analysis of the IDST in 2019 where only 39% of HCPs were aligned with NCCN guidelines in their irAE management approach.
- Moreover, **one half (51%) of HCPs who used the tool indicated that the recommendations changed their previous management plan to align with guideline recommendations**.
- Data also indicated that 46% of cases were used as educational simulation and 54% were used at the point of care for patients in the clinic.
- This IDST meets an area of critical educational need because irAEs are managed differently than those related to other anticancer therapies, and inappropriate management can result in patient harm.
  - **This sets the IDST apart with its multimodality utility as both a learning simulation activity and a point-of-care resource.**

Conclusions

- HCP management of irAEs has improved marginally as ICIs have become more widely used in oncology; however, concordance with NCCN guidelines remains a significant clinical practice gap among oncology HCPs.
- Use of an online IDST can effectively **close the gap** between HCP practice and evidence-based guidelines.

References

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