Caregiver Callbacks: Optimizing the Caregiver Experience in the Month Following Bispecific T-cell Engager (BTCE) Step-Up Therapy Through a Collaborative Clinic Nursing and Navigation Process

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Background

In the month following BTCE step-up therapy, the caregiver remains on high alert to watch for cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS)[1]. Timely identification of and response to these events at home directly impacts the patient outcome and adds an additional layer of stress for these caregivers[2].

BTCE therapy was approved in the US in 2014[3]. Research has not been published investigating caregiver concerns in the month following the initial step-up treatment.

A Clinic Nursing and Navigation pair recognized an opportunity to identify and address short-term caregiver concerns and created a collaborative approach to ensure the caregiver is supported in the month following initial BTCE step-up therapy.

Objectives

- Discuss how to plan for and organize regular caregiver touchpoints using an NCODA Patient Treatment Calendar (PTC) as a tool for collaborative communication between Clinic Nursing and Navigation.
- Identify three types of caregiver concerns in the month post-BTCE step-up therapy and how to mitigate these when they occur.

Methods

Prior to First BTCE Step-up Treatment

- Date of first step-up treatment noted by Navigation in an NCODA PTC shared with Clinic Nursing
- Clinic Nursing regularly reviews the shared PTC and adds dates for Caregiver Callbacks at around 1, 2, and 4 weeks after initial BTCE step-up treatment discharge

Callbacks After Discharge

- Caregiver Callback questionnaire used to guide conversations on callback dates
- Issues around CRS/ICANS knowledge or with home monitoring equipment addressed immediately with Clinic Nursing
- Complex daily living concerns escalated to Navigation and Social Work

Discussion

Six BTCE step-up therapy caregivers shared their daily experiences through the Caregiver Callback process for a total of 18 phone call touchpoints (3 calls per caregiver).

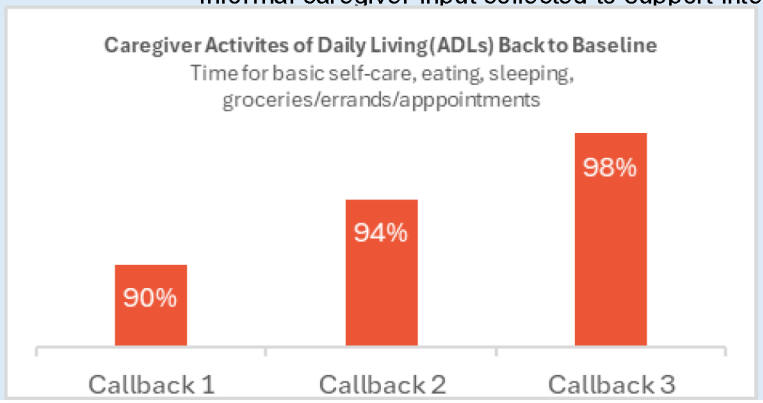
- 2 knowledge questions around CRS/ICANS were addressed in real time by Clinic Nursing
- Zero concerns with home monitoring equipment were identified
- 2 caregivers were found struggling with activities of daily living or requested assistance. Concerns were escalated immediately to Navigation and Social Work for ongoing support

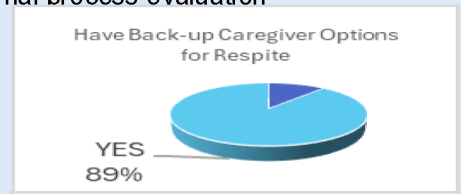
Implicit or Unconscious Biases

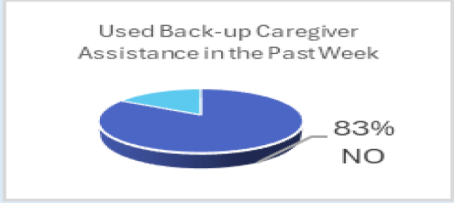
- Minimal ongoing caregiver support is needed
- Caregivers have and use back-up support

Caregiver Callbacks – Preliminary Findings from 18 Callbacks to 6 Caregivers

Informal caregiver input collected to support internal process evaluation







Results / Conclusion

Regular calls between Clinic Nursing and BTCE step-up caregivers help detect the frequency and types of ongoing caregiver concerns and challenges after first BTCE step-up discharge.

Issues identified with CRS/ICANS knowledge and home monitoring equipment are addressed promptly by Clinic Nursing.

Clinic Nursing quickly escalates to Navigation and Social Work any caregivers that would benefit from ongoing support.

Clinic Nursing and Navigation easily organize collaborative caregiver touchpoints across Clinic teams with a shared NCODA PTC.

"This is the first time in over 30 years as a Caregiver *someone asked how I was doing.*"

References/Materials

Disclosure

I have no relevant financial relationships with ineligible companies to disclose.