

UnityPoint Health-Trinity 2014 Oncology Service Line

Goals and Accomplishments



2014 Program Goals and Outcomes

Clinical and Programmatic Goals

Develop and implement cancer survivorship care summaries for patients completing breast cancer treatments

Genetic screening and counseling program expansion

Improve care coordination for patients receiving biopsies



Develop and Implement Care Summaries for Breast Cancer Survivors

✓ Define survivors

Individuals diagnosed with breast cancer who are being given treatment with a curative intent

✓ Identify model of care

IOM's components of survivorship care

- prevention of recurrent and new cancers and late effects
- surveillance for metastasis, recurrent or secondary cancer and assessment of late effects of cancer treatments
- intervention for impacts of cancer and its treatment
- coordination between specialists and PCP

Challenges

- non-integrated oncology program
- varying methods of medical records
- differing appreciation of the need for survivorship care
- lack of an organized approach to surveillance monitoring
- minimal resources available to create care summaries

Survivor Care Summaries (cont.)

Selected model of care: hybrid model

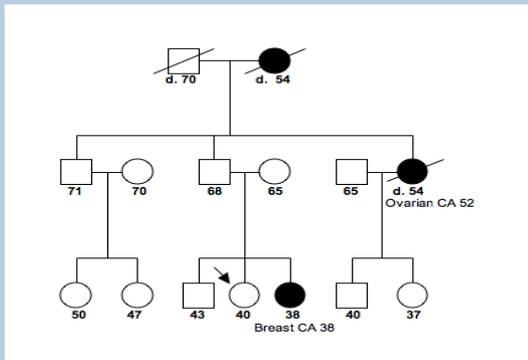
- nurse-led program with participating oncologist
- hospital nurse navigators initiate the summary with information supplied by oncologists
- Oncologists review care summaries and add specific surveillance and follow up details
- Oncologists give summaries at first follow up visit after completion of curative therapy (hormonal therapy excluded)

✓ Care summary format

- ASCO Survivorship Care

Expansion of Genetic Screening and Counseling Program

- Oncology co-management board endorses NCCN and ASCO guidelines for genetic risk assessment and testing
- Breast care coordinator identifies newly diagnosed women with high risk
- Reviews high risk factors with oncologist and assists with genetic counseling referral as appropriate



BRCA 1 and 2 are Tumor Suppressor Genes

- BRCA 1 cloned in 1994; BRCA 2 in 1995
- BRCA 1 on 17q12-21; BRCA 2 on 13q12-13
- Both genes are very large
- Most known mutations lead to premature termination of protein
- Therefore, loss of tumor suppression

(c) 2005, Lori Denner

Studies of Quality

What are the guiding factors utilized by women with stage 1 or 2 breast cancer when making surgical treatment decisions?

- Population: Women diagnosed with stage 1 or 2 breast cancer through the breast program in the months of April-June 2014 (total of 14 women)
- Ages range from 29-81 years



Results

- Of the 14 women eligible for this study, nine women (64%) made the decision to have a mastectomy over BCS based on their own personal preference
- Four women (29%) made the decision for a mastectomy because radiation therapy was contraindicated
- Of significance to note is that only two women (14%) decided to have a mastectomy based on the MRI results
- Personal preference for mastectomy discussions involved women's previous mastectomy of contralateral breast, fear of recurrence and survival advantage with mastectomy

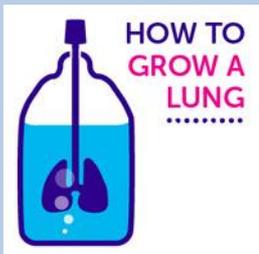
Recommendations

- To validate the results and the assumptions made regarding decision making and the role of MRI, it is recommended to enlarge the study group and time to include all eligible women that meet the criteria in 2014
- Provide education and resources that assist in patient-centered decision making; make these materials available on the Breast Program website
- Support patient centered decision making by scheduling consults with medical and radiation oncology before definitive surgery

Studies of Quality

- Lung Cancer Care Study

- ✓ The purpose is to determine the current quality state of care in terms of timeliness of care provided at Trinity for individuals with NSCLC and to identify any gaps or lapses
 - Image to diagnosis
 - Diagnosis to treatment
 - Image to treatment
- ✓ Population: NSCLC cases diagnosed in 2011 and 2013
 - 66 in 2011 and 36 in 2013
 - Excluded cases that did not seek treatment due to co-morbidities or other reasons



Results: Timeliness of Care

- Approx. 50% of NSCLC cases diagnosed in 2011 received their first course of treatment 27->48 days of diagnosis
- The average days from imaging to treatment for cases in 2013 was 40 days
- Benchmark data shows high-quality institutions operating at <34 days for imaging to treatment

Recommendations

- **Enlist the support and assistance of the Oncology Co-Management Company to:**
 - Develop an organized system of care for individuals with lung cancer
 - Enlist a physician champion for lung care coordination
 - Implement a nurse navigator for lung nodules
 - Establish a thoracic tumor board
- **Establish a goal for timeliness of care to meet the 25th percentile of the Advisory Board benchmarks**

Monitoring Compliance with Evidence-Based Guidelines

- Are NCCN guidelines being met for pre-surgical PET/CT staging for lung cancer
 - Review of medical records reveals that the study patients are being worked up appropriately
 - pathologic confirmation of PET-positive lymph nodes prior to surgery
 - NCCN guidelines are being followed



Program Growth

- **Improve and Expand Lung Screening Program**

- Remove financial barriers

- Results:

- 12 referrals in 2013 (0 cancers; 1 person converted to a diagnostic follow up)
- 132 referrals in 2014; 4 early stage cancer diagnosis; 28 being followed with 3 and 6 month diagnostic CTs

- **Improve and Expand Breast Program**

- Improve coordination of care

- Implemented new patient-flow by assigning surgeon to manage pathology report

- Results:

- Increase in new breast cancer diagnosis

2010	2011	2012	2013	2014
185	237	201	187	226

Breast Program Accomplishments

- Implemented two new navigators ; breast imaging and clinical care coordinator
- Created an algorithm to ensure patient contact with each breast coordinator
- Implemented a new patient flow through the breast program-a standardized process that must begin with the all-inclusive order- assigning a surgeon to manage the pathology report
- Expanded the plan of care summary sheet to include all disciplines to assist patients in understanding their treatment plan
- Adopted a patient centered approach to the treatment of breast cancer-consults occur before definitive surgery for invasive breast cancers
- Improved communication between radiologist and surgeon
- Adopted the surgical best practice for the management of the axilla following the Z-11 trial and also to eliminate axilla frozen sections
- Enrolled breast surgeons into NQMBC
- Engaged the Muscatine radiology department into the navigation program
- Started the first ever Bright Pink Chapter of the Quad Cities to raise awareness about the risk for developing breast cancer



2014 Breast Program Scorecard



Cancer Division Scorecard

Cancer Services

Breast 2014

Bi-Annual

Indicator		Source of Data	Reporting Frequency	Target Target Source	Bi-Annual				Current	2014 total
Std.	CoC - required measures				Jan-June	July-Dec				
4.4	Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer	Registry Data	Annual	90%	2010 92.3%	2011 94.7%	2012 97.8%	2013 TBD%	2014	
4.4	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage II or III hormone receptor-negative breast cancer	Registry Data	Annual	90%	2010 92.3%	2011 90.9%	2012 90.9%	2013 TBD%	2014	
4.4	Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer	Registry Data	Quarterly	≥ 90% CoC - CP3R	2010 92.1%	2011 91.9%	2012 97.2%	2013 TBD%	2014	
2.3	Breast conservation rate (Stage 0, 1,2)	Registry Data		≥60% when appropriate	70%		71%			
2.4	Sentinal node biopsy (Stage 1,2)	internal stats	Bi-Annual	95% when appropriate	91%		97%			
2.9	Needle Core biopsy rate	Registry data	Bi-Annual	95% when appropriate (CoC CP3R 80%)	99%		95%			
3.2	Clinical Trial accrual	Registry Data	Annual	2% (5 cases)	4 cases		2 cases		6 cases total for 2014	
					2010	2011	2012	2013	2014	
	Total Breast Cancer Cases (Incidence Data)	Cancer Registry	Annual		185	237	201	187	226	
Patient Satisfaction					1st Q	2nd Q	3rd Q	4th Q		
7	Overall patient satisfaction with Mammography	Press Ganey	Quarterly	92nd %	93.7%	94.8%	94.2%	93.3%		
	Mammography Likelihood of Recommend	Press Ganey	Quarterly	92nd %	95.4%	94.8%	94.7%	95.7%		
	Mammography Test & Treatment Overall	Press Ganey	Quarterly	95th%	95.8%	96.1%	95.9%	95.9%		

	Target and above
	74th - 50th
	49th or below

Community Needs: Screening and Prevention



- Develop programs to address community health needs
 - Breast Program:
 - Offer screening for those at high risk for breast cancer (breast program is currently working on creating a high risk breast cancer program)
 - Implement patient navigator at Muscatine
 - Become a “Bright Pink” chapter
 - Lung screening:
 - 132 referrals in 2014; 4 cancers, 28 pt converted to diagnostic follow-up

– Prostate screening:

- 109 men screened
 - Sept. 10, 2014 at Moline campus
 - Sept. 12, 2014 at Bettendorf campus
- 8 men diagnosed with abnormal exam and/or PSA
- 2 men with negative biopsies



Community Needs: Education and Awareness

- Promote community health and wellness through screening, detection and education programs.

Colon Cancer awareness event

- Inflatable colon with education event and call to action of scheduling colonoscopy
- Distributed American Cancer Society educational literature to physician offices, health clinics, county health departments and community centers

Community Activities 2014

Health Fairs

- Muscatine
- Arsenal
- Rock Island
- John Deere Davenport Works
- City of Moline
- Day of Dance
- Augustana College

Screenings

- Rudy Q Prostate
 - 109 screened, 8 abnormal, 0 cancer
- Low Dose Lung CTs
 - 132 completed, 4 cancer, 28 being followed
- Cancer Aware

Classes

- Live Well Oncology weekly class
- Transition class with Gilda's
- LiveStrong at the YMCA



Community Activities 2014

Witness Project Programs

National Women's Health Week
Glenview Middle School
A Gathering of Women
Arsenal Health fair
Sister to Sister

Didactic Presentations

Gilda's Club
Smoke Free that's Me
Breast Cancer Support Group
US Too! Support Group

Cancer Theme Events/Partnerships

- Stylin' Against Breast Cancer and Educational Symposium
- ACS Look Good, Feel Better
- Bright Pink
- Komen Race For the Cure
- Strollin' Colon
- Cruisin' for the Cure
- Gilda's (On Site) Club
- Komen Race to Research
- Relay for Life
- Pink PJ Party
- Living Proof Exhibit at the Figge

2014 Research Report

Clinical research accrual for 2014 is 13

- Opened 4 new studies
- 35 trials open to accrual from previous years
- 5 subjects consented to participate in 9 clinical trials (2 treatment, 3 lab, 4 repositories)
- 5 breast cancer patients participated in a clinical trial
- Total subjects being followed= 60
- 4 patients went on clinical trials in other facilities by referral from Trinity physicians



Thank You

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