Project Title:
Providing Treatment Summary and Survivorship Care Plan to Early-Stage Breast Cancer Patients Beyond Their Initial Therapy in a smaller community-based practice set-up at Jones Cancer Clinic

Presenter’s Names: Cynthia Rogers MSN. FNP, and Shailesh R. Satpute MD. PhD.

Institution: Jones Cancer Clinic, Germantown, TN

Date: 10/8/2015
Institutional Overview

The Jones Clinic is an independently owned adult hematology and oncology practice consisting of three full time physicians and two full time nurse practitioners. One site is located in the urban area of greater Memphis, TN. The second site is in rural Mississippi. A wide variety of oncologic and hematologic illnesses are managed. At Jones Clinic, approximately, 850 new patients are seen annually. There is a minimal of 20 open research trials at any given time, including some of our own investigator-initiated trials. Jones clinic is committed to quality care as evident from its QOPI certification.
Problem Statement

Breast cancer survivors at the Jones Clinic currently do not receive a written summary of their treatment plan. It has been recognized in the area of oncology that this information is important to improve quality of care for survivors as they move beyond their cancer.
Team Members

• Project Sponsor: Clyde Michael Jones MD (Provider)

• Team Leaders
  • Shailesh R. Satpute MD PhD (Provider)
  • Cynthia Rogers MSN. FNP (Provider, Nurse Practitioner, Germantown)

• Core Team Members:
  • Kim Hardin RNCS, MSN, CFNP (Provider Nurse Practitioner, New Albany)
  • Brent Mullins MD (Provider)
  • Stephan Erdadi (IT support)
  • Gail Winkler RN (Nursing Staff)
  • Amy Fiala LPN (Medical Assistant)
  • Donna Bryson (Transcriptionist)

• Improvement Coach: Holley Stallings RN, MPH, CPH, CPHQ
The biggest issues identified were those of inadequate EMR for survivorship and lack of standardized data entry process. We created a provision in EMR (MOSAIQ) for survivorship data entry and extraction of such data in a document.
Diagnostic Data

• Although currently, definitive data supporting the benefits of survivorship care plans are lacking, it is generally believed that treatment summaries lead to improvements in outcomes for cancer survivors. The document is particularly useful for seamless continuity of care between oncologist and primary care provider. According to ASCO and NCCN guidelines, such document should include
  – Details of the diagnosis
  – A personalized treatment summary
  – Identification of providers
  – Identifying long term consequences of cancer therapy
  – Follow-up care plan including surveillance for cancer recurrence

• We identified a total 40 patients that completed initial treatment for early-stage breast cancer.
  – 29 patients completed treatment during 1/1/2014 - 12/31/2014
  – 11 patients completed treatment during 1/1/2015 - 7/31/2015.

• An Informal patient survey:
  A focus group consisted of six women who had completed curative therapy for breast cancer and one woman that was currently receiving treatment. All of the women in the group wanted a treatment summary to share with their PCP. Approximately half of the women would prefer to have the information in an electronic format.
Aim Statement

100% of breast cancer patients completing adjuvant therapy on or after July 30, 2015, at Jones Clinic (both locations) will receive a treatment summary within 30 days of completion of therapy. We anticipate the projected volume will be 6 patients.
Measures

• Measure: Patients receiving summary within 30 days
• Patient population: Stage 1-3 breast cancer patients completing adjuvant therapy
• Calculation methodology
  – Numerator: # of patients that received a treatment summary
  – Denominator: # of patients that completed adjuvant therapy
• Data Source: EMR
• Data frequency: 2 week interval
• Data quality (any limitations): None
Balance Measures

• Created a system to flag charts that were appropriate for survivorship care plan
• Cross-checking for the flagged charts

Cross-Check

Flagged
Not-Flagged
Total

14-Sep
5-Oct
Prioritized List of Changes (Priority/Pay-Off Matrix)

<table>
<thead>
<tr>
<th>Ease of Implementation</th>
<th>High Impact</th>
<th>Low Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td>Create reminders in EMR</td>
<td>Task Assignments without proper Directions</td>
</tr>
<tr>
<td></td>
<td>Incorporation of NCCN surveillance guidelines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider compliance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Creating document in EMR</td>
<td>Integration into Patient Portal</td>
</tr>
<tr>
<td></td>
<td>Staff Compliance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hiring Dedicated Personnel</td>
<td></td>
</tr>
</tbody>
</table>

**Ease of Implementation**
<table>
<thead>
<tr>
<th>Date of PDSA cycle</th>
<th>Description of intervention</th>
<th>Results</th>
<th>Action steps</th>
</tr>
</thead>
</table>
| July 27 - August 8 | • Introduce flagging system  
• Re-educate staff about QI process  
• Create treatment summaries to evaluate ease of process | • Treatment summaries were quick and easy to create.  
• Difficult to remember how to enter the flag in the EMR | • Instructional handout created by IT demonstrating how to enter the flag in the EMR. |
| August 9 – September 18 | • Cross-checked for flagged charts among eligible patients | • 6 charts found unflagged | • Charts flagged appropriately and created video to educate on ‘how to flag’ charts  
• Timeliness of distribution was an issue in 1 patient |
| September 20 – October 5 | • Evaluate distributed treatment summaries for accuracy and completeness  
• Feedback from patients  
• Feedback from providers | • Poor integration of chemotherapy data  
• ER/PR and HER2 status not imported consistently | • IT to improve integration of chemotherapy data and hormonal status |
Survivorship Treatment Summary

Patient Name: PATIENT TESTSIX
DOB: 1/01/1960

Medical Oncologist: Clyde Jones MD

Dx Date: 5/29/2015
Dx Code: ICD9 174.6*
Description: Axillary tail of breast
Laterality: 1 - Right

Details: ER+, PR+, HER2/Neu-

Surgical History:
5/29/2015 Axillary tail of breast Right tumor cells, benign IA Mastectomy - Bilateral SMITH, JOHN, st francis hospital

Drug(s):

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Start Date</th>
<th>Care Plan</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxol (PACLtaxel)</td>
<td>100 mg</td>
<td>IV</td>
<td>once</td>
<td>9/24/2013</td>
<td>6 mg/mL</td>
<td></td>
</tr>
<tr>
<td>Iron Dextran</td>
<td>30 cc</td>
<td>IV</td>
<td>once</td>
<td>9/26/2013</td>
<td>50 mg/mL</td>
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</tr>
<tr>
<td>Benadryl PO</td>
<td>50 mg</td>
<td>Oral</td>
<td>once</td>
<td>9/27/2013</td>
<td>25 mg</td>
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<tr>
<td>Cyclophosphamide</td>
<td>1.22 mg</td>
<td>IV</td>
<td>once</td>
<td>10/15/2013</td>
<td>AC -&gt; Docetaxel 100 mg/m² - Adjuvant</td>
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<tr>
<td>DOXORubicin</td>
<td>112 mg</td>
<td>IV</td>
<td>once</td>
<td>11/5/2013</td>
<td>AC -&gt; Docetaxel 100 mg/m² - Adjuvant</td>
<td></td>
</tr>
<tr>
<td>Decadron</td>
<td>20 mg</td>
<td>IV</td>
<td>once</td>
<td>1/28/2014</td>
<td>AC -&gt; Docetaxel 100 mg/m² - Adjuvant</td>
<td></td>
</tr>
<tr>
<td>Alavi (Palonesteron)</td>
<td>0.5 mg</td>
<td>IV</td>
<td>once</td>
<td>1/28/2014</td>
<td>AC -&gt; Docetaxel 100 mg/m² - Adjuvant</td>
<td></td>
</tr>
<tr>
<td>Aloxi (Palonesteron)</td>
<td>250 mg</td>
<td>IV</td>
<td>once</td>
<td>1/28/2014</td>
<td>AC -&gt; Docetaxel 100 mg/m² - Adjuvant</td>
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</tr>
<tr>
<td>Benadryl</td>
<td>50 mg</td>
<td>IV</td>
<td>once</td>
<td>1/28/2014</td>
<td>AC -&gt; Docetaxel 100 mg/m² - Adjuvant</td>
<td></td>
</tr>
<tr>
<td>rantidine HCI</td>
<td>50 mg</td>
<td>IV</td>
<td>once</td>
<td>1/28/2014</td>
<td>AC -&gt; Docetaxel 100 mg/m² - Adjuvant</td>
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</tr>
<tr>
<td>Decadron PO</td>
<td>8 mg</td>
<td>PO</td>
<td>twice a day for 3 days</td>
<td>1/28/2014</td>
<td>AC -&gt; Docetaxel 100 mg/m² - Adjuvant</td>
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</tr>
<tr>
<td>Taxotere (Docetaxel)</td>
<td>187 mg</td>
<td>IV</td>
<td>once</td>
<td>1/28/2014</td>
<td>AC -&gt; Docetaxel 100 mg/m² - Adjuvant</td>
<td></td>
</tr>
<tr>
<td>Filgual Quad 2014-2015</td>
<td>0.5 mg</td>
<td>IM</td>
<td>once</td>
<td>1/29/2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Docetaxel</td>
<td>20 mg</td>
<td>IV</td>
<td>once</td>
<td>1/29/2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Toxicities:

Date: Tim e

Radiation Treatment(s):

<table>
<thead>
<tr>
<th>Date</th>
<th>7/28/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>12:55 PM</td>
</tr>
<tr>
<td>Radiation Therapy #1</td>
<td>4/5/2015</td>
</tr>
<tr>
<td># of Radiation Treatments #1</td>
<td>33</td>
</tr>
<tr>
<td>Region Treated #1</td>
<td>right chest wall and right axilla</td>
</tr>
<tr>
<td>Type of Radiation Treatment #1</td>
<td>4400 Cx</td>
</tr>
<tr>
<td>Treatment Facility #1</td>
<td>St Francis Hospital</td>
</tr>
<tr>
<td>Treatment Provider #1</td>
<td>Dr Jane Smith</td>
</tr>
</tbody>
</table>

Surveillance guidelines:
- Oncologist visit including breast exam every 3-6 months for the first 3 years, every 6-12 months for year 4 and 5 and annually thereafter
- Mammograms annually
- Preventative annual visits with Primary Care Provider.

Current Date/Time: 7/20/2015 3:07 PM
CC List: JONES, CLYDE M.
Process Improvement

Cross-Check (performed once on Sep 14, 2015)

Flagged
Not-Flagged
Total

14-Sep
5-Oct

1 3 5 7 9 11 13 15

ASCO Quality Training Program
Change Data

Process Implementation (n = 7)

- # patients receiving summary
- # patients eligible for summary

Number of patients

2 week period

<table>
<thead>
<tr>
<th>2 week period</th>
<th># patients receiving summary</th>
<th># patients eligible for summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 3-14</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Aug 17-28</td>
<td>2</td>
<td></td>
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<tr>
<td>Aug 31 - Sep 11</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sep 14 - 25</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sep 28 - Oct 9</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

ASCO Quality Training Program
Performance by Providers

- # Patients Receiving Summary
- # Patients Eligible for Summary

Provider 1
Provider 2
Provider 3
Provider 4
Performance by Location

- # Patients Receiving Summary
- # Patients Eligible for Summary

Germantown
New Albany
Feedback

• We received feedback from 2 patients. They found the summary informative and they plan to share it with their primary care providers.

• We were not able to obtain survey from providers/practices
Conclusions

• Implemented a process of providing survivorship care plan for early stage breast cancer patients at treatment completion
• Utilization of EMR to create summary document
• Gradual improvement in compliance and member participation in the process
• Set an example of how to incorporate an important QOPI measure at a smaller oncology practice
Next Steps/Plan for Sustainability

• Monthly process auditing through chart cross-checks
• Extending survivorship care plan to other cancer types
• Continued education of staff and providers
• Integration into patient portal
• Submitted abstract to 2016 cancer survivorship symposium
Acknowledgements

• Core Team Members: **Jones Cancer Clinic**
  • Kim Hardin RNCS, MSN, CFNP
  • (Provider NP New Albany)
  • Brent Mullins MD (Provider)
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  • Donna Bryson (Transcriptionist)

• Duke Cancer Network Team

• Improvement Coach: Holley Stallings RN, MPH, CPH, CPHQ

• Project Sponsor: Clyde Michael Jones MD (Provider)
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**AIM:** 100% of breast cancer patients completing adjuvant therapy on or after July 30, 2015, at Jones Clinic (both locations) will receive a treatment summary within 30 days of completion of therapy. We anticipate the projected volume will be 6 patients.

**INTERVENTION:**
- Developed the process at the clinic to create and distribute survivorship treatment summaries
- Created a module in EMR for survivorship treatment summaries designed to auto-populate from available data
- Created a system to flag charts of patients needing treatment summaries
- Designed interval cross-checks to ensure that eligible patients were not missed.

**CONCLUSIONS:**
- Implemented a process of providing survivorship care plan for early stage breast cancer patients at treatment completion
- Utilization of EMR to create summary document
- Gradual improvement in compliance and member participation in the process
- Set an example of how to incorporate an important QOPI measure at a smaller oncology practice

**NEXT STEPS:**
- Monthly process auditing through chart cross-checks
- Extending survivorship care plan to other cancer types
- Continued education of staff and providers
- Integration into patient portal

**RESULTS:**

**CONCLUSIONS:**

**Team Members**
- Shailesh R. Satpute MD PhD (Provider) *(Team Leader)*
- Cynthia Rogers MSN. FNP (Provider, Nurse Practitioner, Germantown) *(Team Leader)*
- Kim Hardin RNCS, MSN, CFNP (Provider Nurse Practitioner, New Albany)
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- Donna Bryson (Transcriptionist)
- Clyde M. Jones MD (Project Sponsor)