ASCO Quality Training Program

Howard University Cancer Center
Institutional Overview

Located on the campus of Howard University in Washington, DC

~250 patients/year

Treatment modalities offered: Medical, surgical, radiation oncology, breast reconstruction

Exemplar allied health and community services: Genetic counseling, patient navigation, cancer screening
Team members

QTP Team
Sara Horton, MD, Medical Oncology
Ahmed Ali, MD, Medical Oncology
Lori Wilson, MD, Surgical Oncology
Tristen Dessellier, CTR, Registrar
Carla Williams, Ph.D., Administrator

Program Team
Teletia Taylor, Ph.D., Psychosocial Coordinator
Cherie Spencer, MS, Community Programs Director
Nellie San Gabriel, RN, Nursing
Aretta Mitchell, Radiation Oncology
Clinton Burnside, Urology
Distress screening was documented for only 40% of African American breast cancer patients for the period of Jan – Dec, 2019. Lack of routine documentation and management of patient distress negatively affects patient quality of life, continuity of care, and clinical outcomes.
Outcome Measure
Baseline data

Completed Distress Screenings (African American Breast Cancer Patients)

- 2018: 19%
- 2019: 40%
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>All new AA breast cancer patients treated at HUCC</td>
</tr>
<tr>
<td><strong>Patient population:</strong></td>
<td>All African American breast patients treated at HUCC by surgical, radiation or medical oncology</td>
</tr>
<tr>
<td><strong>Calculation methodology:</strong></td>
<td># of distress screenings completed for AA breast cancer patients (baseline) All AA Breast Ca patients with at least one modality of treatment at HUCC</td>
</tr>
<tr>
<td><strong>Data source:</strong></td>
<td>Paper forms completed by nursing staff or patient navigators</td>
</tr>
<tr>
<td><strong>Data collection frequency:</strong></td>
<td>At time of second visit within each specialty</td>
</tr>
<tr>
<td><strong>Data limitations:</strong></td>
<td>Paper forms cumbersome, does not allow sharing of information across clinics and services</td>
</tr>
</tbody>
</table>
Aim Statement

By June 30, 2021, build and deploy a distress screening module within the outpatient EHR.

By December 31, 2021, complete training with all clinical staff in medical, surgical and radiation oncology.

By June 30, 2022, achieve documented baseline distress screening in an Allscripts template for 100% of African American breast cancer patients.

By June 2023, achieve documentation of management of >50% of positive distress screens for African American breast cancer patients.
60% of Distress Screenings Missed

**Procedures**
- No cross-talk between clinics
- No automated follow-up trigger
- Differential starts per clinic

**Technology**
- No oncology QA staff
- No oncology-specific EHR
- Limited technical support

**People**
- Lack of clinic ownership of the process
- Only a few people trained
- Busy staff/competing demands
- Limited experience among staff
- Limited mental health support
- No outpatient social worker

**Policy**
- No feedback loop on benefits to patient care

**Root Causes**
- Funding for dedicated staff
- Institutional level QA process
- Time burdens for small staff and complex systems
- No feedback loop on benefits to patient care
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Clinton Burnside, Urology
TBD, Social Work
TBD, Data Informatician
Baseline Process Map

Distress Screening Flowchart

Legend
- Established process
- Unclear Process
- Inefficiency
- Delay
- Data Loss

New Patient

2nd Infusion Center Visit
- Paper Form (San Gabriel)
- Delay - No Data Entry Staff
- Manual Input
- Database
- Quarterly Report (Taylor)

2nd Visit Med Onc, Oral Chemo

2nd visit Rad Onc, GU

Patient Selection (Admin)

Unclear

Possible Data Loss

Collect Patient List (Diaz)

Phone or Clinic Call (Diaz)

Delay No Data Entry Staff

No Action, Data Loss

2nd Visit Surgery, ENT

Manual Input
Revised Process Map

Distress Screening Flowchart

Second visit → EHR flags missing screening → Paper Screening Form → Assigned Staff Pick Up Weekly → Reviewed by SW/Nav Team → Navigator/Nav Management → NurseNav Datasystem → Resolved? (Yes) → Closed

Manual Data Entry into NurseNav → NurseNav Database → Report Generation → Quartely Program Reports
# Process Measure

## Diagnostic Data summary

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>Clinic ownership of screening process as a core quality metric</td>
</tr>
<tr>
<td><strong>Patient population:</strong></td>
<td>AA breast cancer patients in surgical, radiation, or medical oncology services</td>
</tr>
<tr>
<td><strong>Calculation methodology:</strong></td>
<td>Number of clinics submitting screening forms</td>
</tr>
<tr>
<td></td>
<td>Number of clinics treating AA breast cancer patients</td>
</tr>
<tr>
<td><strong>Data source:</strong></td>
<td>Form must be adapted to document which clinic submitted</td>
</tr>
<tr>
<td><strong>Data collection frequency:</strong></td>
<td>Weekly</td>
</tr>
<tr>
<td><strong>Data limitations:</strong></td>
<td>Paper forms can be lost or mishandled</td>
</tr>
</tbody>
</table>
# Process Measure

## Diagnostic Data summary

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<tr>
<th>Item</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>Missing or duplicated data</td>
</tr>
<tr>
<td><strong>Patient population:</strong></td>
<td>AA breast cancer patients in surgical, radiation, or medical oncology services</td>
</tr>
<tr>
<td><strong>Calculation methodology:</strong></td>
<td>Number of AA breast cancer patients</td>
</tr>
<tr>
<td>(i.e. numerator &amp; denominator)</td>
<td>Number of completed screening forms</td>
</tr>
<tr>
<td><strong>Data source:</strong></td>
<td>Data entered into NurseNav tracking system</td>
</tr>
<tr>
<td><strong>Data collection frequency:</strong></td>
<td>Weekly data entry, Quarterly reporting</td>
</tr>
<tr>
<td><strong>Data limitations:</strong></td>
<td>EHR must reliably flag patients who are eligible for screening</td>
</tr>
</tbody>
</table>
Process Measure
Diagnostic Data
Summary of Key Program Changes

1. Switch to a tailored data system that integrates with our EHR

2. Identify an administrative staff member to manually enter screening forms each week

3. Hire a data informatician to assure interoperability and technical support for staff

4. Hire a social worker (PT) to address social determinants that cannot be managed by navigation staff
Summary of Key Program Changes

1. Proposed focus groups with patients to assess perceptions of distress screening. Re-align program to meet patient needs

2. Mini planning retreat of organizational stakeholders to refine process map

3. Increased reporting capability by clinic (provider assessment and feedback)
Timeline

June
- Approval of PT social work position and informatician
- Received quote for software
  - Submit software requisition

July
- Software purchase approval
- Advertise positions

August
- Interview candidates
- Contract approval

Sept-Oct
- Onboard and train staff

Nov
- Deploy NurseNav software