

# ASCO Quality Training Program

Winship Cancer Institute

# Institutional Overview

- Winship Cancer Institute of Emory University is Georgia's only NCI-Designated Comprehensive Cancer Center
- Glenn Family Breast Center provides multidisciplinary care to 1800 breast cancer patients annually with 35% being African American
- ~90% of patients reside within metropolitan Atlanta while remaining patients are from Georgia and nearby states



# Team members

- Mylin Torres, MD – Radiation Oncology
  - Kevin Kalinsky, MD – Medical Oncology; Director, Emory Glenn Family Breast Center
  - Manali Bhawe, MD – Medical Oncology
  - Cletus Arciero, MD – Surgical Oncology
  - Lana Uhrig PhD, MBA, RN - Vice President Cancer Nursing Services
  - Ebonie Hardman, RN, MSN, MBA – Information Analyst
  - Brenda Wilbanks, RN
  - Katie Beavers, RN
  - Darlene Anderson, RN – Breast Nurse Navigator
  - Shane Harmon – Business Analyst, Shared Services, Winship Cancer Institute
  - Patient & Family Advisors, Winship Cancer Institute
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- Steve Power, MBA – Team Coach, Administrative Director, Quality and Outcomes, Duke Cancer Institute

# Problem Statement

In September-November 2020, 12,100 portal and phone messages were received by breast medical, surgery, and radiation oncology clinics on the main campus at Winship Cancer Institute with 17% more messages from White than Black patients accounting for the racial proportion of patients seen in our clinic. This disparity could reflect differences in access to the care team and disease management. The overall large number of messages may reflect unmet needs not currently addressed during clinic visits.

# Outcome Measure

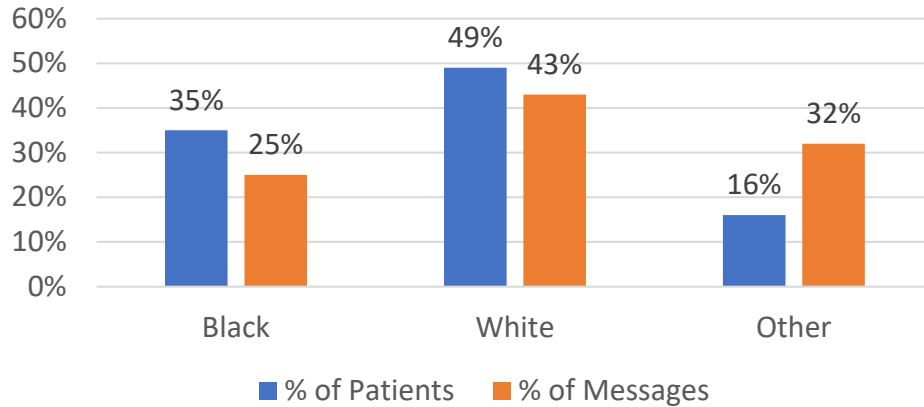
## Baseline data summary

Item	Description
Measure:	Distribution of patient-initiated portal and phone messages by race
Patient population: <i>(Exclusions, if any)</i>	Breast cancer patients receiving treatment at Emory University Hospital
Calculation methodology: <i>(i.e. numerator &amp; denominator)</i>	Number of messages stratified by race accounting for proportion of patients served September-November 2020
Data source:	Cerner EMR
Data collection frequency:	One time analysis of pre-intervention population
Data limitations: <i>(if applicable)</i>	Manual extraction and analysis, resource intensive, limited information on downstream impacts (Press-Ganey patient experience info, treatment adherence, side effect management), limited information on reasons for portal vs. phone vs. no messages. No information on whether messages were resolved or if messages were left by select number of patients

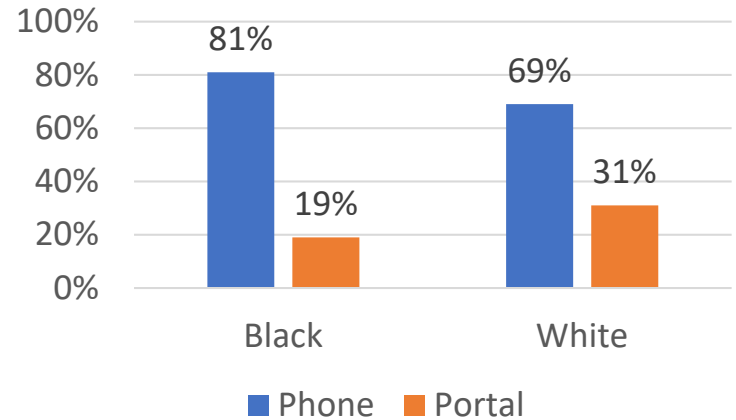
# Outcome Measure

## Baseline Data Sep-Nov 2020

Relative Proportion of Patients & Messages by Race

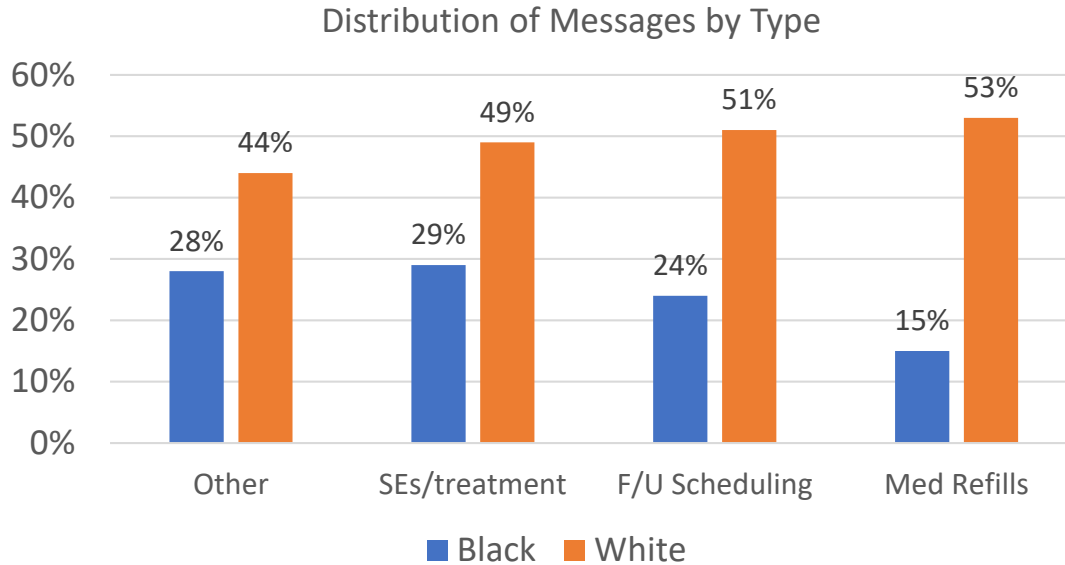


Distribution of Calls by Phone/Portal



# Outcome Measure

## Baseline Data Sep-Nov 2020



# Aim Statement

To reduce portal and phone message volume by 10% and message disparity by 50% among Black and White breast cancer patients by January 2022



# Process Analysis – Patient Education

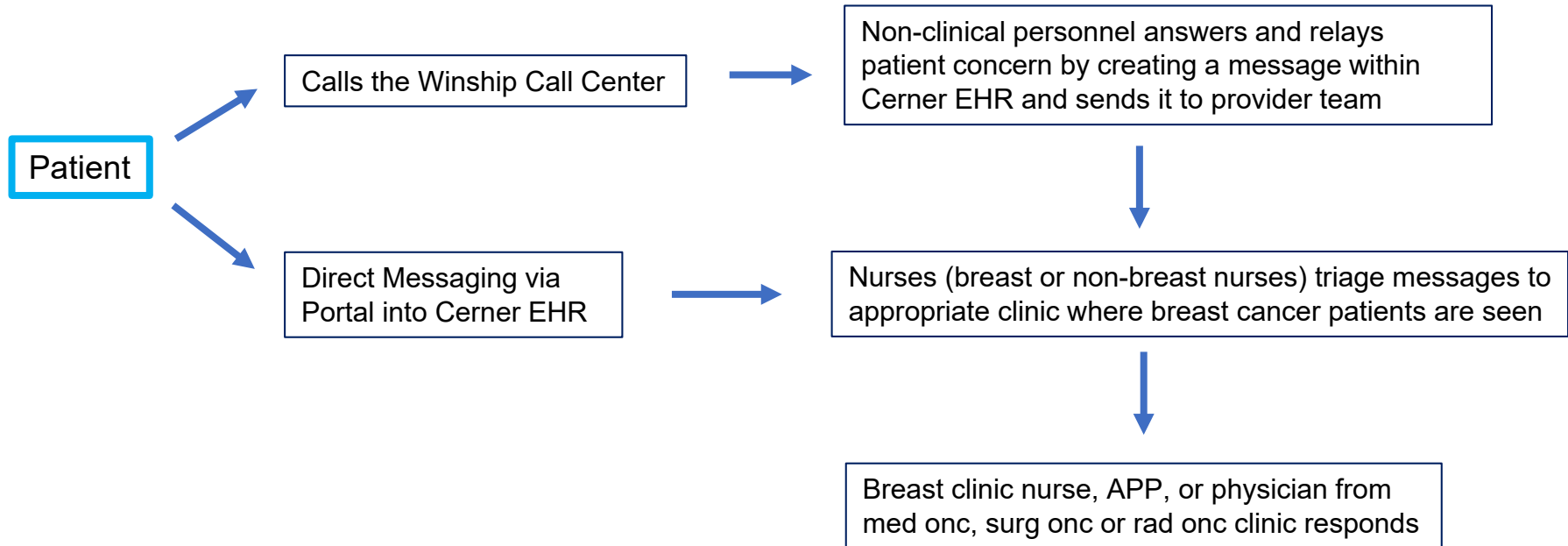
Systematic review of processes by which patients receive information within Medical, Surgical, and Radiation Oncology clinics.

Summary findings:

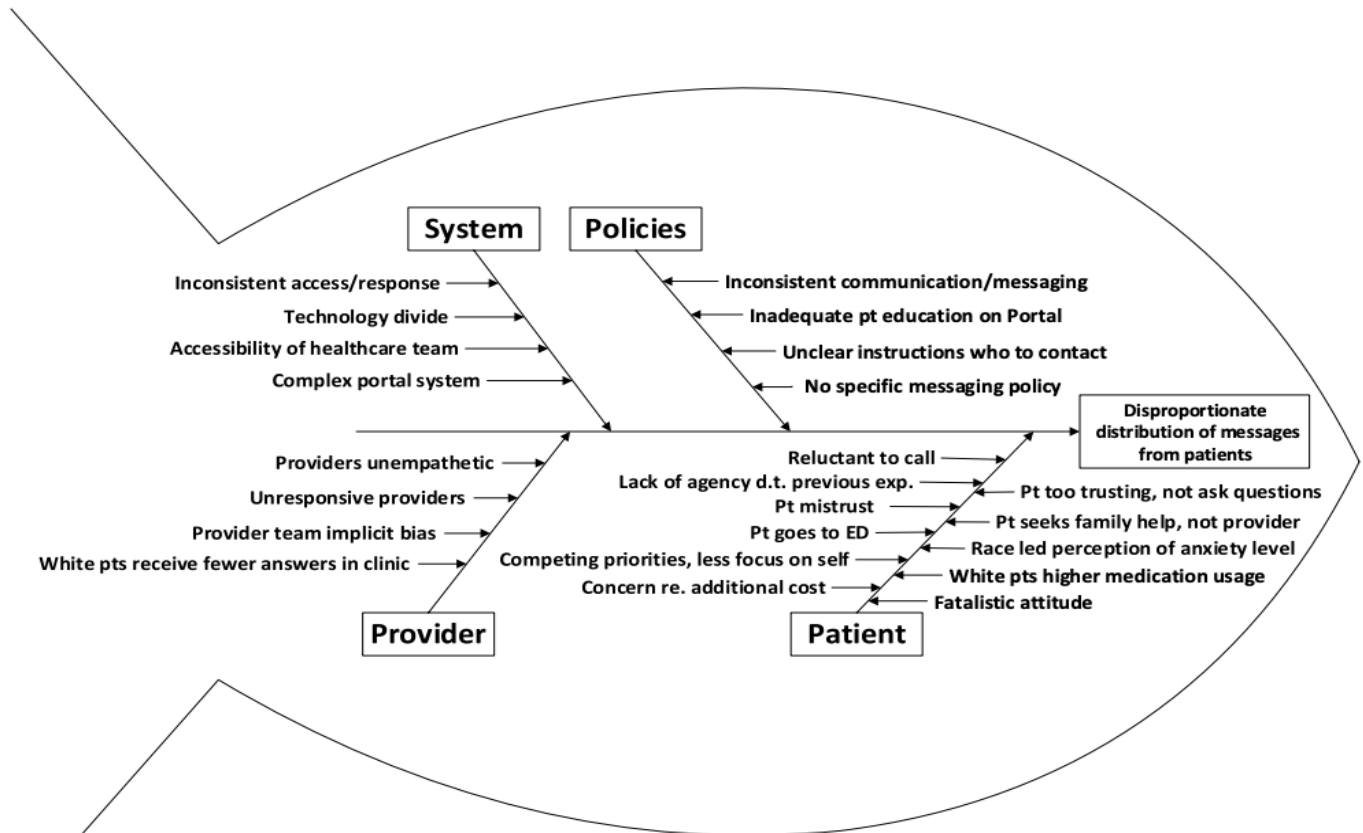
- Patient request business card from providers, only has general contact number (Med Onc)
- Inconsistent information regarding Portal sign up (Med Onc, Surg Onc)
- Winship phone number printed on discharge information (Med Onc)
- Magnets with info on side effects are outdated (Med Onc)
- Information sheet provided at time of simulation not at consult (Rad Onc)

Patient receives education on how to contact provider team but no specific information on what to call about and when

# Process map



# Cause and Effect diagram



# *Process Measure* **Diagnostic Data**

## **Top 8 potential causes ranked by team consensus:**

- 1. Inconsistent access/response from providers/system leading to patient apathy**
- 2. Unclear and inconsistent instructions/education for patient on how to message, what to communicate and who to contact**
- 3. Complexity of system**
4. Patient reluctance to call/competing priorities
5. Patient is too trusting of providers
6. Patient does not trust providers and turns to community/family for help
7. Concern regarding additional cost of care involved with side effects
8. Technology divide

# Process Measure Diagnostic Data

## Potential causes provided by Patient & Family Advisory Members:

“Earlier in treatment, I was not as familiar with or comfortable using the patient portal to address personal issues... *There were however **two instances that I felt were extremely urgent.** Both occurred **on the weekend** and I called the Winship hotline, described my problems to nurse and **didn’t really feel that my issue was adequately addressed.** The problems did resolve and I waited until my upcoming appointment with Oncologist to discuss. So when other issues came up, I was **reluctant to call and would discuss with family/friends and wait until upcoming appointments.***

Looking back, I needed more training or confidence on the use of the Portal system (so could be technology divide). After contacting nurse’s hotline twice, I felt that I could manage problems with help/recommendations from friend and family until appointments. I did feel very comfortable with my Oncologist and the care received.

I am a black female that received chemo, surgery and radiation treatment.”

# Process Measure Diagnostic Data

## Potential causes provided by Patient & Family Advisory Members:

“I am a Caucasian woman having been treated for breast cancer...Patients told me on many, many occasions that although they felt they were in the most capable hands, it was **VERY difficult to patiently wait on their treatment day**. Hours were spent in the Lab....

Unfortunately, the excessive wait times could be experienced by patients as **an attitude that they are not worth it**, they are a bother, that they should be grateful we are treating them. This would **keep them from stepping up to ask for more help**. I would think it would be reassuring to the patient population to know that there is staff specifically assigned to weekend call for their needs and further, that we encourage them to take advantage of the system....

**It might be very helpful to give patients a list** of possible issues they might encounter and to tell patients that a phone call would be expected. At the onset of treatment, I had also been given a prescription for an antibiotic and was told to fill it and leave it on my shelf unless told by my doctor to begin taking it. I was pleased that they were thinking ahead and, based on experience, anticipating my needs... Nursing staff, lab techs, physicians assistants could all say more to encourage the use of the patient portal.

”

# Survey

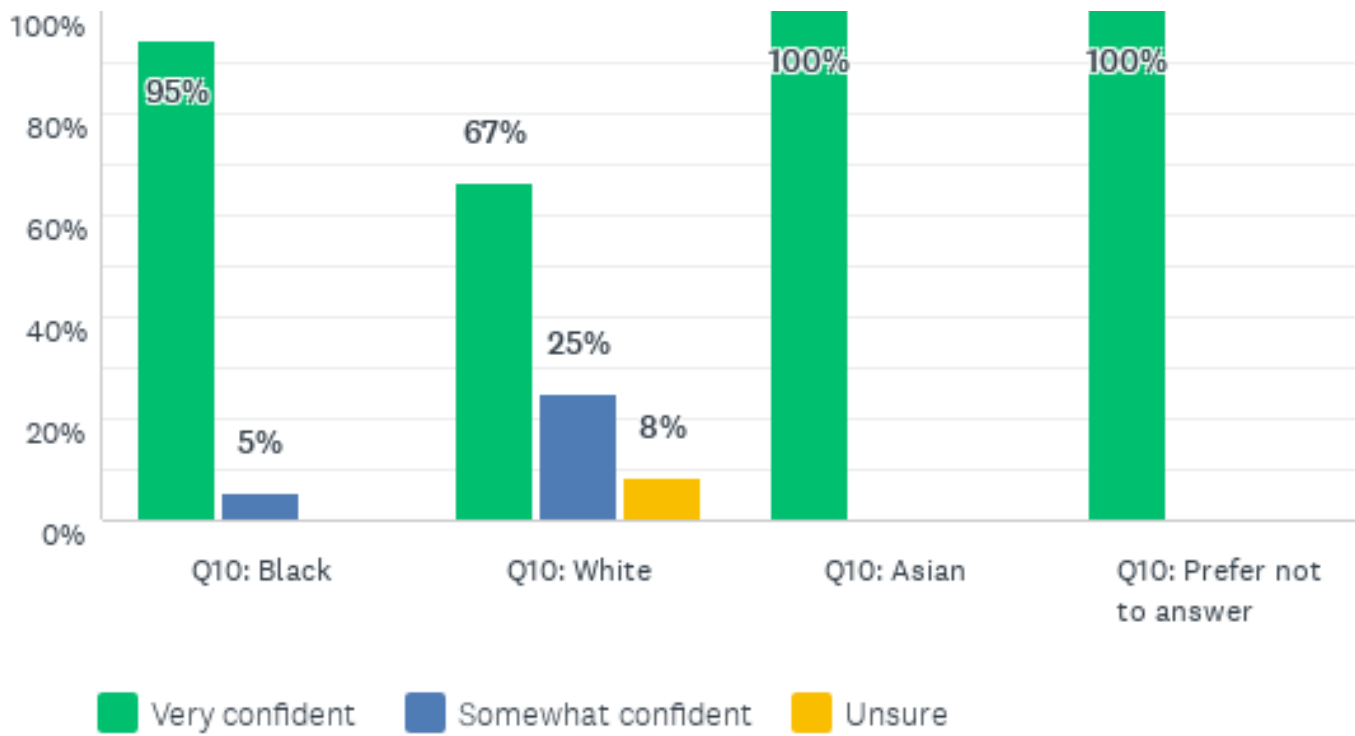
## Administered to 50 patients within the Emory Medical Oncology, Surgical Oncology, and Radiation Oncology Clinics

We appreciate your valuable feedback to help us improve our patient communication processes. Please complete this brief survey and return the form back to your provider.

1. Have you received information on how to contact your doctor and healthcare provider team from this clinic?  
Yes \_\_\_  
No \_\_\_
2. How confident are you about knowing when to contact your care team?
  - a) Very confident
  - b) Somewhat Confident
  - c) Unsure
3. Have you attempted to or contacted your doctor and healthcare provider team outside of your scheduled clinic visits?  
Yes \_\_\_ No \_\_\_

### Q3: How confident are you about knowing when to contact your care team?

Answered: 50 Skipped: 0





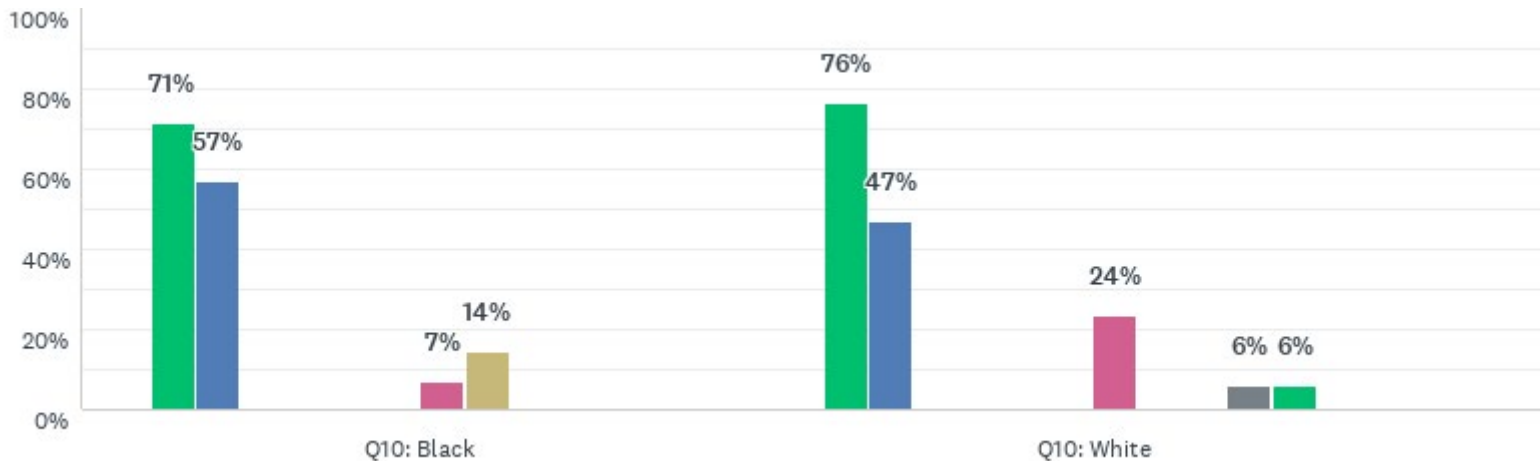
## Q4: Have you attempted to or contacted your doctor and healthcare provider team outside of your scheduled clinic visits?

Answered: 50 Skipped: 0



# Q7: If you do not generally contact your doctor and healthcare provider team outside of your scheduled clinic visits, please state why (select all that apply):

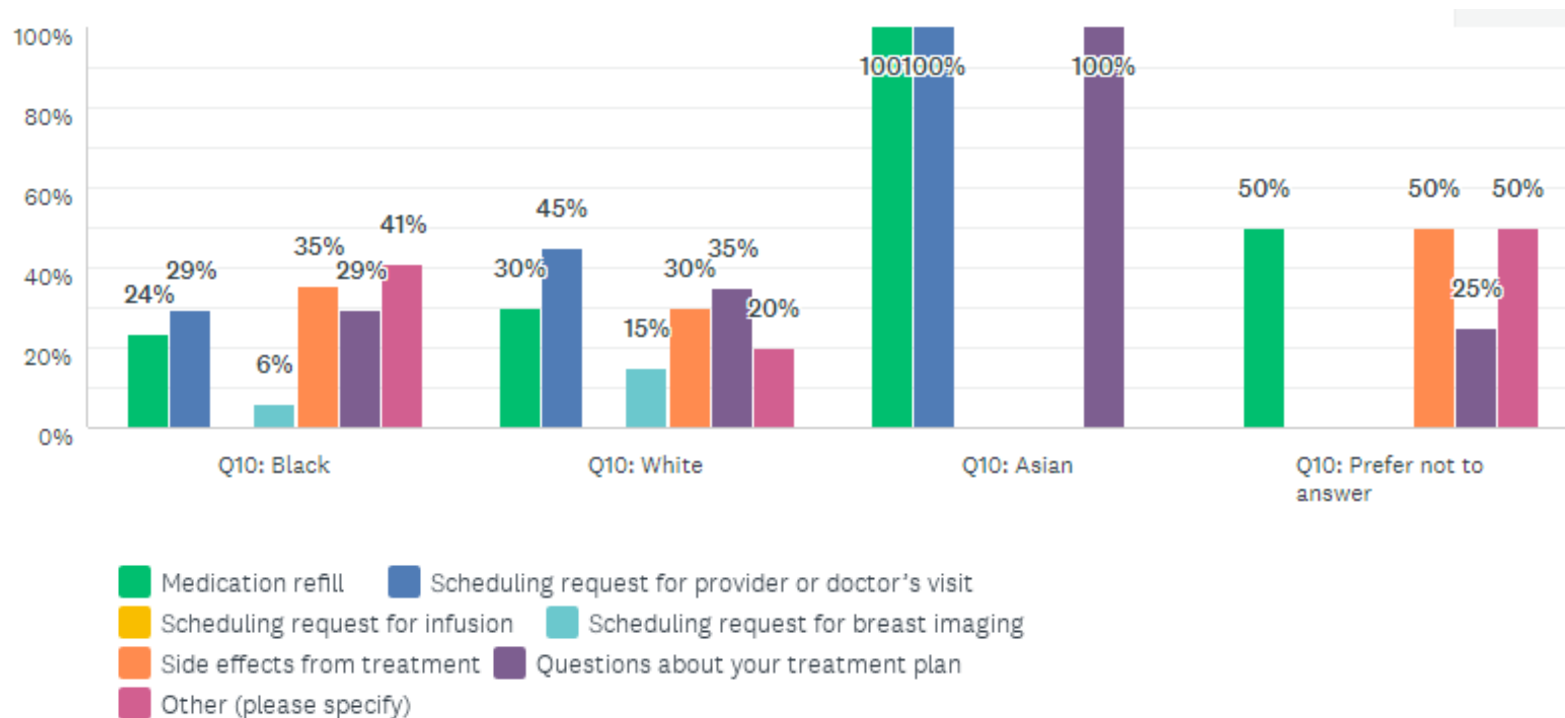
Answered: 34 Skipped: 16



- I generally do not have reasons to call or contact my provider team between my clinic visits
- I receive adequate information in my clinic visits
- Wait times on the phone are long
- Providers take a long time to respond to my messages
- Provider responses do not adequately address my questions or needs
- I am very busy and do not have time to contact my provider team in between clinic visits
- I trust my healthcare team and do not have questions or needs that come up between clinic visits
- I trust my family, friends and community, and I turn to them with questions or needs in between clinic visits
- I am concerned that if I call or message my provider team, I will be charged more for my care
- I do not know when or how I should call my doctor or provider team (select as many as appropriate)
- Did not answer question
- Other (please specify)

## Q8: If you have contacted your doctor and healthcare provider team outside of your scheduled clinic visits, please state why (select all that apply):

Answered: 42 Skipped: 8



# Priority / Pay-off Matrix Countermeasures

High	Improve patient education materials Refine clinic workflow to facilitate proactive nursing led education and communication	Hire more navigators
Impact	Send email to staff to increase awareness of number of messages left by breast cancer patients	Develop a phone app to facilitate out-of-clinic communication with patients
Low		
	Easy	Difficult
	Ease of Implementation	

# Intervention Materials – Enhanced Patient Education on When and How to Contact Providers

### Before your surgery:

1. There will be a pre-admission appointment that may be in person or over the phone. This appointment will provide you with information including medications to take prior to your surgery and answer any questions or concerns you may have.
2. Do not eat or drink after midnight the night before your surgery.
3. Your surgeon's scheduler/patient care coordinator will send specific instructions about what time to show up for your surgery, including any additional appointments you may have the morning of your surgery.
5. What should I look out for? When should I call the office/doctor?
  - A fever greater than 101.5 F
  - Pain not controlled with your medications.
  - Increasing redness around the incision(s)
  - Bleeding from a surgical wound that does not stop.
  - For all questions or concerns contact your Surgeon's office at 404-778-3307
    - When you call about concerns after your surgery, we may ask you to send photos of the area that is concerning you and upload those to your patient portal. (We can provide instruction to help you upload a photo.)

# Intervention – Enhanced Patient Education on When and How to Contact Providers

## Frequently asked questions regarding radiation therapy for breast cancer

### What is radiation therapy?

Radiation therapy (also called radiotherapy) is a cancer treatment that uses high dose x-rays to kill cancer cells and shrink tumors.

### When does radiation therapy start?

Radiation therapy needs to be given 6-8 weeks after surgery or 3-6 weeks after chemotherapy (whichever treatment occurs just before radiation therapy) to be most effective.

### How often is radiation therapy given?

Radiation therapy will be tailored to your specific diagnosis. Most radiation therapy courses are 3-6 weeks long. Radiation therapy may be given Monday through Friday or once a week depending on what type of treatment your physician prescribes.

### When should I contact my physician?

- Pain that is not relieved by over the counter pain medication
- Drainage from the area being treated by radiation therapy
- Fever of 101 or higher
- Persistent dry cough lasting longer than 2 weeks

### Resources

Clinical Dietitian:	Emily Huskey, RD, LD 404-778-4526
Clinical Social Worker:	Hilary G. Cohen, LCSW, OSW-C 404-778-4627
Acupuncture at Emory:	Emory University Hospital Midtown 404-251-0096

**Radiation Oncology 404-778-3473**

# Intervention – Enhanced Patient Education on When and How to Contact Providers

## When should you contact the doctor while on DDAC?

It is important to report any of the following symptoms to your doctor by calling 1-888-WINSHIP or 404-778-1900.

- **Fever > 100.4°F or chills – this is considered an emergency**
- Sore throat/mouth sores
- Severe shortness of breath, even at rest
- Vomiting that persists beyond 24 hours
- Diarrhea despite anti-diarrhea medication
- Pain/burning when urinating
- Experience bleeding that will not stop within 5 minutes
- Redness or discharge from incision or catheter access
- Change in mental status

In addition, allergic reactions can occur. Seek medical help immediately if you experience sudden difficulty breathing, swelling of the lips or tongue, or chest pain.

# Revamped Clinical Workflow in Medical Oncology to Provide Chemotherapy Education Consistently

Old Workflow	New Workflow
Physician dependent	Nurse navigator meets with patient first to provide broad multidisciplinary treatment overview
Nurse navigators did not always meet with patients on the day systemic therapy was discussed with physician	Physician meets with patient to discuss recommendation for chemotherapy and regimen
Either physician +/- APP +/- pharmacist provide chemotherapy education	Clinic nurse reviews new chemotherapy education sheets (including when to contact our team) and clinic contact information (portal information provided and recommended, clinic number is confirmed) as well as when to contact clinic
Clinical nurses were not involved	Clinic RN documents chemotherapy education in templated RN note (along with medical provider documentation)

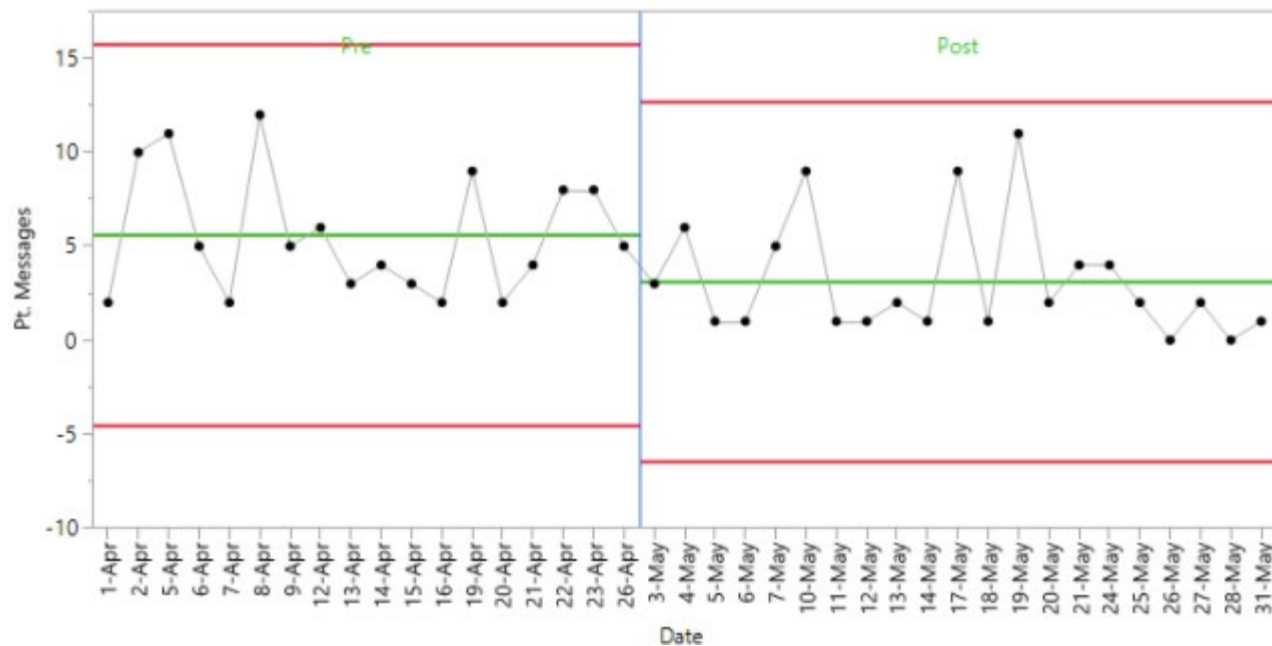


# Test of Change PDSA Plan

Date Completed	PDSA Description	Status
April 2021	Develop and apply enhanced patient education materials and received feedback from Patient and Family Advisory Committee (Pilot)	Completed
May 2021	Engage breast center nurse navigators to help develop and distribute education materials	Completed
May-July 2021	Adjust clinic workflow to introduce materials at NPV/consult visits instead of just before treatment initiation and engage clinic nurses effectively in the process	Ongoing
August 2021	Assess pilot results and develop full implementation	Ongoing

# Outcome Measure

## Pilot Change Data - Control Chart for all Patients

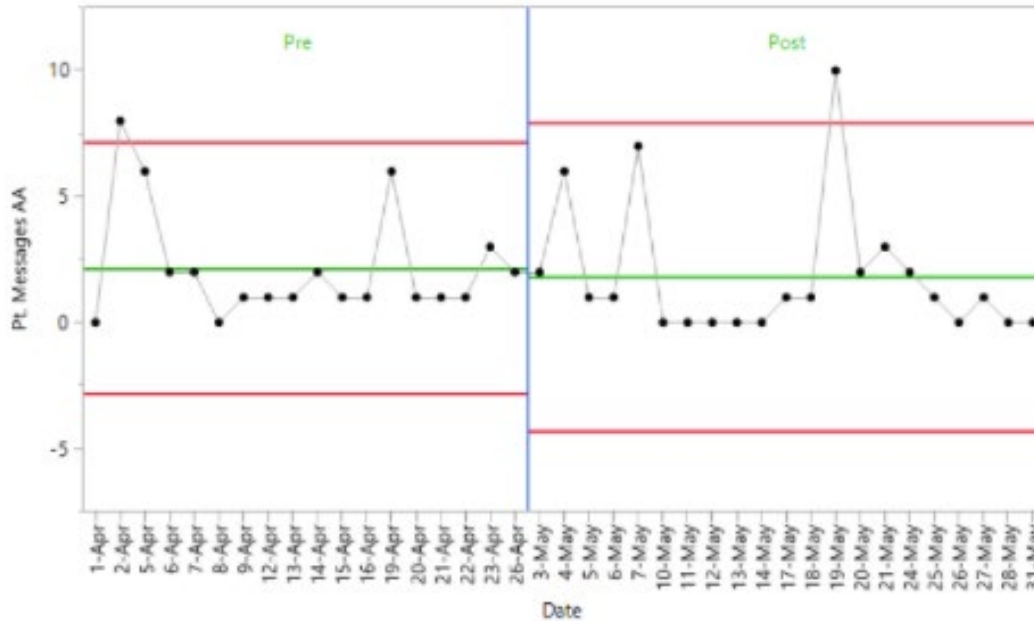


Phase Limits

Phase	LCL	Avg	UCL
Pre	-4.55443	5.611111	15.77666
Post	-6.42839	3.142857	12.71411

# Outcome Measure

## Pilot Change Data – Control Chart for Black Patients

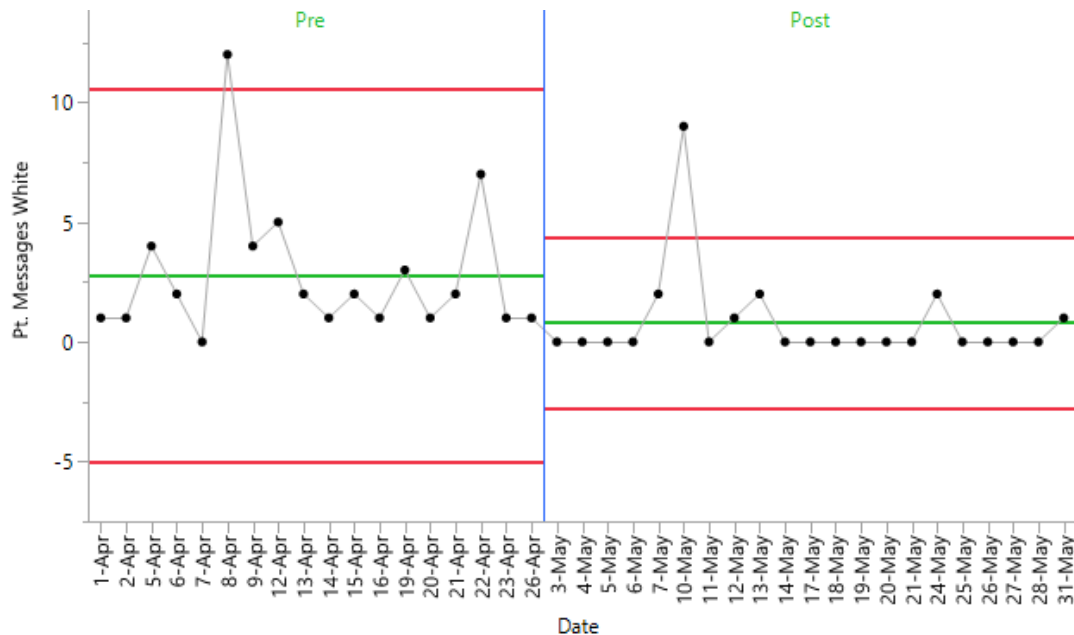


### Phase Limits

Phase	LCL	Avg	UCL
Pre	-2.83791	2.166667	7.171242
Post	-4.30544	1.809524	7.92449

# Outcome Measure

## Pilot Change Data – Control Chart for White Patients



Phase Limits			
Phase	LCL	Avg	UCL
Pre	-5.04187	2.777778	10.59743
Post	-2.7797	0.809524	4.398743

# *Next steps* Sustainability Plan

<b>Next Steps</b>	<b>Owner</b>
Review patient messaging data every 6 months for senior leadership review	Kevin Kalinsky/Lana Uhrig
Resurvey patients and patient and family advisory committee annually about patient education material and reasons for messaging	Kevin Kalinsky/Lana Uhrig
Review clinic workflow processes and materials with clinical staff (nurses, navigators, pharmacists, etc) to address areas for improvement bi-annually	Kevin Kalinsky/Lana Uhrig

# Conclusion

- Our study indicated a large number of messages are left by breast cancer patients
- A need for enhanced education materials detailing when and how to message providers was identified
- Preliminary findings from our pilot study demonstrate a lower number of messages among patients who received enhanced patient education materials and a trend decrease in the message disparity by race
- Collecting and analyzing data may take more time than expected
- Patient input is invaluable
- Fantastic multidisciplinary participation enhanced our project

**Thank you!**