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 Bhave, 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

- 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**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure:</td>
<td>Distribution of patient-initiated portal and phone messages by race</td>
</tr>
<tr>
<td>Patient population: <strong>(Exclusions, if any)</strong></td>
<td>Breast cancer patients receiving treatment at Emory University Hospital</td>
</tr>
<tr>
<td>Calculation methodology: <strong>(i.e. numerator &amp; denominator)</strong></td>
<td>Number of messages stratified by race accounting for proportion of patients served September-November 2020</td>
</tr>
<tr>
<td>Data source:</td>
<td>Cerner EMR</td>
</tr>
<tr>
<td>Data collection frequency:</td>
<td>One time analysis of pre-intervention population</td>
</tr>
<tr>
<td>Data limitations: <strong>(if applicable)</strong></td>
<td>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</td>
</tr>
</tbody>
</table>
Outcome Measure
Baseline Data Sep-Nov 2020

Relative Proportion of Patients & Messages by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>% of Patients</th>
<th>% of Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>35%</td>
<td>25%</td>
</tr>
<tr>
<td>White</td>
<td>49%</td>
<td>43%</td>
</tr>
<tr>
<td>Other</td>
<td>16%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Distribution of Calls by Phone/Portal

<table>
<thead>
<tr>
<th>Race</th>
<th>Phone</th>
<th>Portal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>White</td>
<td>69%</td>
<td>31%</td>
</tr>
</tbody>
</table>
**Outcome Measure**

**Baseline Data Sep-Nov 2020**

**Distribution of Messages by Type**

<table>
<thead>
<tr>
<th>Type</th>
<th>Black</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>28%</td>
<td>44%</td>
</tr>
<tr>
<td>SEs/treatment</td>
<td>29%</td>
<td>49%</td>
</tr>
<tr>
<td>F/U Scheduling</td>
<td>24%</td>
<td>51%</td>
</tr>
<tr>
<td>Med Refills</td>
<td>15%</td>
<td>53%</td>
</tr>
</tbody>
</table>

- **Other SEs/treatment F/U Scheduling Med Refills**

---

**Black**

**White**
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
Patient

Direct Messaging via Portal into Cerner EHR

Calls the Winship Call Center

Non-clinical personnel answers and relays patient concern by creating a message within Cerner EHR and sends it to provider team

Nurses (breast or non-breast nurses) triage messages to appropriate clinic where breast cancer patients are seen

Breast clinic nurse, APP, or physician from med onc, surg onc or rad onc clinic responds
Cause and Effect diagram

System
- Inconsistent access/response
- Technology divide
- Accessibility of healthcare team
- Complex portal system

Policies
- Inconsistent communication/messaging
- Inadequate pt education on Portal
- Unclear instructions who to contact
- No specific messaging policy

Provider
- Providers unempathetic
- Unresponsive providers
- Provider team implicit bias
- White pts receive fewer answers in clinic

Patient
- Reluctant to call
- Lack of agency d.t. previous exp.
- Pt mistrust
- Pt goes to ED
- Competing priorities, less focus on self
- Concern re. additional cost
- Fatelistic attitude
- Pt too trusting, not ask questions
- Pt seeks family help, not provider
- Race led perception of anxiety level
- White pts higher medication usage

Disproportionate distribution of messages from patients

Updated 3/4/21
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
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.”
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
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

<table>
<thead>
<tr>
<th>Ease of Implementation</th>
<th>Impact</th>
<th>Countermeasure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>High</td>
<td>Improve patient education materials. Refine clinic workflow to facilitate proactive nursing led education and communication.</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>Send email to staff to increase awareness of number of messages left by breast cancer patients.</td>
</tr>
</tbody>
</table>

**Ease of Implementation:**
- **High:** Improve patient education materials, Refine clinic workflow to facilitate proactive nursing led education and communication.
- **Low:** Send email to staff to increase awareness of number of messages left by breast cancer patients.

**Impact:**
- **High:** Improve patient education materials, Refine clinic workflow to facilitate proactive nursing led education and communication.
- **Low:** Send email to staff to increase awareness of number of messages left by breast cancer patients.

**Countermeasure:**
- Hire more navigators.
- Develop a phone app to facilitate out-of-clinic communication with patients.
Intervention Materials – Enhanced Patient Education on When and How to Contact Providers

Breast Surgery Information Sheet

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.)
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

<table>
<thead>
<tr>
<th>Old Workflow</th>
<th>New Workflow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician dependent</td>
<td>Nurse navigator meets with patient first to provide broad multidisciplinary treatment overview</td>
</tr>
<tr>
<td>Nurse navigators did not always meet with patients on the day systemic therapy was discussed with physician</td>
<td>Physician meets with patient to discuss recommendation for chemotherapy and regimen</td>
</tr>
<tr>
<td>Either physician +/- APP +/- pharmacist provide chemotherapy education</td>
<td>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</td>
</tr>
<tr>
<td>Clinical nurses were not involved</td>
<td>Clinic RN documents chemotherapy education in templated RN note (along with medical provider documentation)</td>
</tr>
</tbody>
</table>
# Test of Change

## PDSA Plan

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>PDSA Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2021</td>
<td>Develop and apply enhanced patient education materials and received feedback from Patient and Family Advisory Committee (Pilot)</td>
<td>Completed</td>
</tr>
<tr>
<td>May 2021</td>
<td>Engage breast center nurse navigators to help develop and distribute education materials</td>
<td>Completed</td>
</tr>
<tr>
<td>May-July 2021</td>
<td>Adjust clinic workflow to introduce materials at NPV/consult visits instead of just before treatment initiation and engage clinic nurses effectively in the process</td>
<td>Ongoing</td>
</tr>
<tr>
<td>August 2021</td>
<td>Assess pilot results and develop full implementation</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Outcome Measure
Pilot Change Data - Control Chart for all Patients

Phase Limits

<table>
<thead>
<tr>
<th>Phase</th>
<th>LCL</th>
<th>Avg</th>
<th>UCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>-4.55443</td>
<td>5.61111</td>
<td>15.77666</td>
</tr>
<tr>
<td>Post</td>
<td>-6.42839</td>
<td>3.142857</td>
<td>12.71411</td>
</tr>
</tbody>
</table>
Outcome Measure

Pilot Change Data – Control Chart for Black Patients

Phase Limits

<table>
<thead>
<tr>
<th>Phase</th>
<th>LCL</th>
<th>Avg</th>
<th>UCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>-2.83791</td>
<td>2.166667</td>
<td>7.171242</td>
</tr>
<tr>
<td>Post</td>
<td>-4.30544</td>
<td>1.639524</td>
<td>7.924449</td>
</tr>
</tbody>
</table>
Outcome Measure

Pilot Change Data – Control Chart for White Patients
<table>
<thead>
<tr>
<th>Next Steps</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review patient messaging data every 6 months for senior leadership review</td>
<td>Kevin Kalinsky/Lana Uhrig</td>
</tr>
<tr>
<td>Resurvey patients and patient and family advisory committee annually</td>
<td>Kevin Kalinsky/Lana Uhrig</td>
</tr>
<tr>
<td>about patient education material and reasons for messaging</td>
<td></td>
</tr>
<tr>
<td>Review clinic workflow processes and materials with clinical staff</td>
<td>Kevin Kalinsky/Lana Uhrig</td>
</tr>
<tr>
<td>(nurses, navigators, pharmacists, etc) to address areas for improvement</td>
<td></td>
</tr>
<tr>
<td>bi-annually</td>
<td></td>
</tr>
</tbody>
</table>
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!