Increasing the Percentage of Stage IV Cancer Patients Who See a Palliative Care Provider Within 8 Weeks of Initial Consult With Medical Oncology

Rajini Katipamula-Malisetti, MD
Alice Francis, MBA
Danna Renner, MSN, APRN-CNS, ACS-BC
Mayar Ali

Minnesota Oncology

December 9, 2022
Institutional Overview

- Independent, community-based outpatient oncology practice with 12 locations across the St. Paul/Minneapolis metro and surrounding areas.
  - 11 locations: full-service oncology care
  - 1 location: Plastic Surgery, Breast Surgery Specialists & High Risk Breast Clinic
- Serving primarily adult patients with hematologic, oncologic, and other non-malignant diagnoses
- 50 Physicians
- 41 Advanced Practice Providers
- Specialties:
  - Medical Oncology
  - Hematology
  - Radiation Oncology
  - Surgery (Gyn, Breast, Thoracic, Plastics)
  - Palliative Care (1 Physician, 2 APPs)
  - Genetic Counseling & High Risk Breast Clinic
# Team members

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Job Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Leader</td>
<td>Rajini Katipamula-Malisetti, MD</td>
<td>Medical Oncologist, Quality Medical Director, VP of Medical Oncology</td>
</tr>
<tr>
<td>Core Team Member</td>
<td>Alice Francis, MBA</td>
<td>Quality Program Manager</td>
</tr>
<tr>
<td>Core Team Member</td>
<td>Danna Renner, MSN, APRN-CNS, ACS-BC</td>
<td>Palliative Care APP</td>
</tr>
<tr>
<td>Core Team Member</td>
<td>Mayar Ali</td>
<td>Data Analyst</td>
</tr>
<tr>
<td>Project Sponsors</td>
<td>Emily Schafhauser, MD Jay Scott</td>
<td>Palliative Care Lead Physician, Director of Managed Care</td>
</tr>
<tr>
<td>Coach</td>
<td>Ashraf Mohamed, MD</td>
<td>ASCO QTP Coach</td>
</tr>
</tbody>
</table>
Problem Statement

In 2021, across Minnesota Oncology’s 11 clinic locations, the mean of Stage IV cancer patients seen by a palliative care provider within 8 weeks of their initial consult with their medical oncology provider was 21.47% leading to poor symptom control, decreased patient and caregiver satisfaction, and increased costs associated with ER visits and hospitalizations.
# Outcome Measure

## Baseline data summary

<table>
<thead>
<tr>
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<tr>
<td><strong>Measure:</strong></td>
<td>Percentage of new Stage IV cancer patients seen by Palliative Care within 8 weeks of their initial consult with Medical Oncology.</td>
</tr>
<tr>
<td><strong>Patient population:</strong></td>
<td>New Stage IV Cancer Patients</td>
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<tr>
<td><strong>(Exclusions, if any)</strong></td>
<td>Exclusion: Patients who have not had 2 or more e/m visits</td>
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| **Calculation methodology:**              | Numerator: New Stage IV cancer patients seen by Palliative Care within 8 weeks of their initial consult with Medical Oncology.  
Denominator: New Stage IV cancer patients seen in consultation by Medical Oncology. |
| **Data source:**                          | Practice Management System: AthenaIDX  
EMR: iKnowMed G2                                                                                                                                  |
| **Data collection frequency:**            | Monthly (2021), Semi-Monthly (2022)                                                                                                           |
| **Data limitations:**                     | Staging not documented in discreet data fields in EMR.  
Difficulty capturing new patients seen 1st in hospital vs. clinic                                                                             |
Outcome Measure
Baseline data: All MN Oncology

Run Chart: % of PC Consults MNO Practice, 2021

- Jan: 33%
- Feb: 19%
- Mar: 30%
- Apr: 22%
- May: 28%
- Jun: 16%
- Jul: 21%
- Aug: 26%
- Sept: 18%
- Oct: 23%
- Nov: 14%
- Dec: 14%
Outcome Measure
Baseline data: Minneapolis & Fridley Locations

Run Chart: % of PC Consults in Minneapolis & Fridley, 2021
Aim Statement

By December 2022, we will increase the mean of Stage IV cancer patients seen by a palliative care provider within 8 weeks of initial consult with their medical oncology provider from 10.5% to 40% at two of the lowest performing clinic locations (Fridley and Minneapolis).
Process map

New Patient Consult with Medical Oncology

- Stage IV Cancer Diagnosis?
  - NO
  - PC consult order still placed?
    - NO
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Factors contributing to Stage IV cancer patients not being seen by Palliative Care within 8 weeks of initial consult with Med Onc

**SCHEDULING**
- Orders missed in Scheduling Queue (2)
- Orders unclear
- Unable to contact pt
- Technology fails during telehealth visit
- Pt has no access to telehealth platform

**PATIENT**
- Pt cancels/no shows/does not reschedule (6)
- Declines consult (2)
- Difficulty reaching scheduling

**MED ONC**
- PC not discussed at visit (11)
- Order for PC not placed (9)
- No Staging in Problem List (1)

**TECHNOLOGY**
- Schedules/Provider/Pt Perception of PC (4)

**EDUCATION**
- Pts seen initially in hospital
- PC Provider availability
- Missing Data Points

**DATA COLLECTION**
- Multiple data sources/platforms

**PC TEAM**

---

PC VISIT NOT COMPLETED FOR STAGE IV PTS WITHIN 8 WEEKS
### Process Measure

#### Diagnostic Data summary

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>Referral Rate of Stage IV Cancer Patients to Palliative Care</td>
</tr>
<tr>
<td><strong>Patient population:</strong></td>
<td>New Stage IV Cancer Patients</td>
</tr>
<tr>
<td><em>(Exclusions, if any)</em></td>
<td>Exclusion: Patients who have not had 2 or more e/m visits</td>
</tr>
<tr>
<td><strong>Calculation methodology:</strong></td>
<td>Numerator: New Stage IV Cancer Patients that have an order for Palliative Care consultation in their chart in the EMR. Denominator: New Stage IV Cancer patients seen in consultation by Medical Oncology</td>
</tr>
<tr>
<td><em>(i.e. numerator &amp; denominator)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Data source:</strong></td>
<td>Practice Management System: AthenaIDX</td>
</tr>
<tr>
<td><strong>EMR:</strong></td>
<td>iKnowMed G2</td>
</tr>
<tr>
<td><strong>Data collection frequency:</strong></td>
<td>Semi-Monthly</td>
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<td><strong>Data limitations:</strong></td>
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<td>Item</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Measure:</td>
<td>Rate of Stage IV Cancer Pts who No Show or Cancel PC Consult</td>
</tr>
<tr>
<td>Patient population:</td>
<td>New Stage IV Cancer Patients with a scheduled PC consult</td>
</tr>
<tr>
<td>Calculation methodology:</td>
<td>Numerator: New Stage IV Cancer Patients that have a scheduled PC consult and no show or cancel the visit. Denominator: New Stage IV Cancer patients that have a scheduled PC consult</td>
</tr>
<tr>
<td>Data source:</td>
<td>Practice Management System: AthenaIDX EMR: iKnowMed G2</td>
</tr>
<tr>
<td>Data collection frequency:</td>
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<td>Data limitations:</td>
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## Process Measure

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<td><strong>Measure:</strong></td>
<td>Average Days from New Patient Consult to Palliative Care Consult</td>
</tr>
<tr>
<td><strong>Patient population:</strong></td>
<td>New Stage IV Cancer Patients who have seen a Palliative Care provider</td>
</tr>
<tr>
<td><strong>Calculation methodology:</strong></td>
<td>Average number of days from the new patient consult with medical oncology to the date of the palliative care consult. Calculated by averaging time to consult twice a month.</td>
</tr>
<tr>
<td><strong>Data source:</strong></td>
<td>Practice Management System: AthenaIDX EMR: iKnowMed G2</td>
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<td>n/a</td>
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</table>
Prioritized List of Changes (Priority/Pay –Off Matrix)

<table>
<thead>
<tr>
<th>High Impact</th>
<th>Easy</th>
<th>Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Provider education (1 hr): Fridley education was at start of QTP -Scheduler/nursing education (1 hr) -APPs discuss PC during Survivorship visits</td>
<td>-Obtaining patient feedback regarding barriers to seeing PC provider. -PC nurses calling patients 1-2 days prior to scheduled PC consult</td>
<td></td>
</tr>
<tr>
<td>Low Impact</td>
<td>-Bi-weekly opportunity reports distributed to identify patients eligible for PC (implemented prior to start of QTP).</td>
<td></td>
</tr>
</tbody>
</table>
## PDSA Plan (Test of Change)

<table>
<thead>
<tr>
<th>Date of PDSA Cycle</th>
<th>Description of Intervention</th>
<th>Results</th>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/13/2022</td>
<td>Palliative Care nurses call pts 1-2 days prior to scheduled PC consult to confirm appt, answer questions, &amp; identify barriers to attending appt.</td>
<td>Rate of patients who no show or cancel PC consult improved from 48% to 35%</td>
<td>Continue to monitor time spent to assess sustainability of this intervention.</td>
</tr>
<tr>
<td>10/24/22-11/7/22</td>
<td>Provider, nursing, and scheduler education sessions to review PC program, who is eligible, how to refer, &amp; identify barriers &amp; misconceptions</td>
<td>Outcome measure: Improved mean of Stage IV patients seeing PC provider from 15% to 36%.  Process measures: Improved rate of referral from 30% to 62% and decreased time to consult from average of 50 days to 13 days.</td>
<td>Identified misconceptions of what PC can offer patients among nursing staff, requiring additional and ongoing discussion &amp; education efforts.</td>
</tr>
</tbody>
</table>
Outcome Measure

SPC Chart: % of Stage IV Patients who saw Palliative Care within 8 weeks of Medical Oncology Consult

- %
- MEAN
- Upper Limit
- Lower Limit

Key Milestones:
- 10/24: Mpls clinic education
- 10/27: Mpls provider education
- 11/1: APP discussion
Process Measure

SPC Chart: Rate of Referral of New Stage IV patients to Palliative Care

- %
- Mean
- Upper Limit
- Lower Limit

Date of Initial consult w/Med Onc

% of referrals to PC
Process Measure

SPC Chart: Rate of Stage IV Cancer Patients who No Show or Cancel Palliative Care Consult

- %
- Mean
- Upper Limit
- Lower Limit

Date of Scheduled PC consult

1/1/2022
1/15/2022
1/31/2022
2/1/2022
2/15/2022
2/28/2022
3/15/2022
3/31/2022
4/15/2022
4/30/2022
5/15/2022
5/31/2022
6/15/2022
6/30/2022
7/15/2022
7/31/2022
8/15/2022
8/31/2022
9/15/2022
9/30/2022
10/15/2022
10/31/2022

% of No Show/Canceled PC consults

- 1.0
- 0.43
- 0.25
- 0.0
Balancing Measure

Run Chart: Time Spent on Pre-Palliative Care Visit Nursing Calls by Patient

Phone Call to Patient

Time Spent (Minutes) Average

6.96
<table>
<thead>
<tr>
<th>Next Steps</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Continue pre-PC consult phone calls to patients, tracking time spent by nurses on this to monitor sustainability of this intervention.</td>
<td>PC nursing team&lt;br&gt;Core Team&lt;br&gt;PC physician lead&lt;br&gt;Clinical leadership</td>
</tr>
<tr>
<td>• Schedule education sessions with provider teams at each clinic location to roll out interventions across the practice</td>
<td>PC physician lead&lt;br&gt;Core Team</td>
</tr>
<tr>
<td>• Establish PC education as part of onboarding for new clinicians, clinical team members (nurses, clinical assistants, etc), and schedulers.</td>
<td>Core Team&lt;br&gt;Administration</td>
</tr>
<tr>
<td>• Continue data collection for outcome and process measures, expanding data collection and reporting to all clinic sites. Potential for a “Palliative Care Dashboard” in 2023.</td>
<td>Core Team</td>
</tr>
<tr>
<td>• Monitor and share measure performance broadly at MNO Quality and Palliative Care committee meetings and at site/provider level (site staff or provider meetings and/or bi-monthly practice wide physician town halls)</td>
<td>Core Team&lt;br&gt;Team Lead&lt;br&gt;PC physician lead&lt;br&gt;Administration</td>
</tr>
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Conclusions

• In 2021, the median percentage of new Stage IV cancer patients seeing Palliative Care (PC) within 8 weeks of their initial medical oncology consult was 21.47%.

• The team focused the project on two of the lowest performing clinics, Minneapolis and Fridley.

• Top barriers to improvement were identified as providers not discussing PC with patients, orders for PC referral not being placed, and a high rate of patients who cancel or no show their scheduled PC consult.

• The team initiated focused PC education with the providers (MDs/APPs), nursing teams, and schedulers at Fridley and Minneapolis.

• The PC nursing team began making phone calls to patients 1-2 days prior to their scheduled PC visit to help improve no show/cancel rates.

• Interventions lead to an improvement at Fridley & Minneapolis in the average percentage of new Stage IV patients seeing a PC provider within 8 weeks from 15% prior to the start of the project to 36%.

• Additionally, rate of referral for new Stage IV patients to PC improved from 30% to 62%, the no show/cancel rate dropped from 48% to 35%, and the time from new patient consult to PC consult improved from an average of 50 days to 13 days.
Reflection

• Peeling back the layers of the entire process, talking with those doing the actual work, and identifying the root issues rather than jumping straight into solutions gave our team the opportunity to be successful in this project.

• Some lessons learned:
  ▪ Despite multiple Palliative Care education sessions with staff and providers prior to participating in QTP, we learned there are still a number of misconceptions about Palliative Care, even among some of our most seasoned staff.
  ▪ Palliative Care education as part of provider and staff onboarding will be an integral part of ongoing success.
AIM: By December 2022, we will increase the median of Stage IV cancer patients seen by a palliative care provider within 8 weeks of initial consult with their medical oncology provider from 10.5% to 40% at two of the lowest performing clinic locations.

INTERVENTIONS:
- Prior to the start of the QTP session, we began distributing bi-weekly opportunity reports to the clinics identifying Stage IV cancer patients that had not yet seen a palliative care provider.
- Physician, APP, nursing, and scheduler education regarding palliative care was conducted to identify misconceptions and barriers to referring and scheduling patients for PC consults.
- Palliative Care nurses began calling patients 1-2 days prior to their scheduled PC consult to confirm appointment, answer questions, and identify any barrier to the patient attending the visit.

RESULTS:
- In 2021, the median percentage of new Stage IV cancer patients seeing Palliative Care (PC) within 8 weeks of their initial medical oncology consult was 21.47%.
- The team focused the project on two of the lowest performing clinics, Minneapolis and Fridley.
- Top barriers to improvement were identified as providers not discussing PC with patients, orders for PC referral not being placed, and a high rate of patients who cancel or no show their scheduled PC consult.
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- Rate of referral for new Stage IV patients to PC improved from 30% to 62%, the no show/cancel rate dropped from 48% to 35%, and the time from new patient consult to PC consult improved from an average of 50 days to 13 days.

NEXT STEPS:
- Continue pre-PC consult phone calls to patients, tracking time spent by nurses on this to monitor sustainability of this intervention.
- Schedule education sessions with provider teams at each clinic location to roll out interventions across the practice.
- Establish PC education as part of onboarding for new clinicians, clinical team members (nurses, clinical assistants, etc.), and schedulers.
- Continue data collection for outcome and process measures, expanding data collection and reporting to all clinic sites. Potential for a “Palliative Care Dashboard” in 2023.
- Monitor and share measure performance broadly at MNO Quality and Palliative Care committee meetings and at site/provider level (site staff or provider meetings and/or bi-monthly practice wide physician town halls)

CONCLUSIONS:
- In 2021, the median percentage of new Stage IV cancer patients seeing Palliative Care (PC) within 8 weeks of their initial medical oncology consult was 21.47%.
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