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.
Process Map

First Visit | Chemo Visits | Visit after Surgery | Chemo Visits | Visit after RT | Chemo Visits | Post Therapy Visit | Subsequent visits
--- | --- | --- | --- | --- | --- | --- | ---
Pathologic diagnosis of breast cancer | Neo-Adj Chem | Surgery | Visit after Surgery | Chemo Visits (if indicated) | Radiotherapy (if indicated) | First Visit after RT | No

Tasks & Assigned Persons

1. Enter Diagnosis (MD)
2. Chemo details entered in MOSAIQ (Pharmacy)
3. Manually Enter Surgical details (Nursing)
4. Chemo details entered in MOSAIQ (Pharmacy)
5. Manually Enter RT details (Nursing staff)
6. Chemo details entered in MOSAIQ (Pharmacy)
7. Generate Summary Document (MD/NP)
8. Dictate Missing components
9. Approve document (MD/NP)

Reminders

1. MD Creates Reminder
2. Established Process
3. Pop-up Reminder when chart opened
4. Established Process
5. Pop-up Reminder when chart opened
6. Established Process
7. Pop-up Reminder when chart opened
8. Pop-up Reminder when chart opened

Established Process

Pop-up Reminder when chart opened

Customer service contact information:

- Phone: 1-800-227-3244
- Email: ascotelp@asco.org
- Website: www.asco.org/telp
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Flagged</th>
<th>Not-Flagged</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-Sep</td>
<td>12</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>5-Oct</td>
<td>9</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

---

Flagged

Not-Flagged

Total
Prioritized List of Changes (Priority/Pay-Off Matrix)

- **Ease of Implementation**
  - **High Impact**
    - Create reminders in EMR
    - Incorporation of NCCN surveillance guidelines
  - **Low Impact**
    - Task Assignments without proper Directions
    - Integration into Patient Portal

- **Impact**
  - **Easy**
    - Create reminders in EMR
    - Provider compliance
    - Creating document in EMR
    - Staff Compliance
  - **Difficult**
    - Task Assignments without proper Directions
    - Integration into Patient Portal
# PDSA Plan (Tests 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>July 27 - August 8</td>
<td>• Introduce flagging system</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Re-educate staff about QI</td>
<td>Treatment summaries were quick and easy to create.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Create treatment summaries to evaluate ease of process</td>
<td>Difficult to remember how to enter the flag in the EMR</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Instructional handout created by IT demonstrating how to enter the flag in the EMR.</td>
<td></td>
</tr>
<tr>
<td>August 9 – September 18</td>
<td>• Cross-checked for flagged charts among eligible patients</td>
<td>6 charts found unflagged</td>
<td>Charts flagged appropriately and created video to educate on ‘how to flag’ charts.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Timeliness of distribution was an issue in 1 patient</td>
</tr>
<tr>
<td>September 20 – October 5</td>
<td>• Evaluate distributed treatment summaries for accuracy and completeness</td>
<td>Poor integration of chemotherapy data</td>
<td>IT to improve integration of chemotherapy data and hormonal status</td>
</tr>
<tr>
<td></td>
<td>• Feedback from patients</td>
<td>ER/PR and HER2 status not imported consistently</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Feedback from providers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Material Developed: sample summary document

Survivorship Treatment Summary

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

Medical Oncologist: Clyde Jones MD

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

T1a N0(+) M0 IA

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 (PACETaxel)</td>
<td>140 mg</td>
<td>IV</td>
<td>once</td>
<td>9/24/2013</td>
<td></td>
<td>6 mg/mL</td>
</tr>
<tr>
<td>Iron Dextran</td>
<td>30 cc</td>
<td>IV</td>
<td>once</td>
<td>9/26/2013</td>
<td></td>
<td>50 mg/mL</td>
</tr>
<tr>
<td>Benadryl PO</td>
<td>50 mg</td>
<td>Oral</td>
<td>once</td>
<td>9/27/2013</td>
<td></td>
<td>25 mg</td>
</tr>
<tr>
<td>Cyclophosphamide</td>
<td>1.125 mg</td>
<td>IV</td>
<td>once</td>
<td>10/15/2013</td>
<td></td>
<td>AC -&gt; DOCEtaxel 100 mg/m² - Adjuvant</td>
</tr>
<tr>
<td>DOXORubcin</td>
<td>112 mg</td>
<td>IVPush</td>
<td>once</td>
<td>11/5/2013</td>
<td></td>
<td>AC -&gt; DOCEtaxel 100 mg/m² - Adjuvant</td>
</tr>
<tr>
<td>Decadron</td>
<td>20 mg</td>
<td>IV</td>
<td>once</td>
<td>1/28/2014</td>
<td></td>
<td>AC -&gt; DOCEtaxel 100 mg/m² - Adjuvant</td>
</tr>
<tr>
<td>Ativan</td>
<td>0.5 mg</td>
<td>IV</td>
<td>once</td>
<td>1/28/2014</td>
<td></td>
<td>AC -&gt; DOCEtaxel 100 mg/m² - Adjuvant</td>
</tr>
<tr>
<td>Aloxi (Palonesteron)</td>
<td>250 mg</td>
<td>IVPush</td>
<td>once</td>
<td>1/28/2014</td>
<td></td>
<td>AC -&gt; DOCEtaxel 100 mg/m² - Adjuvant</td>
</tr>
<tr>
<td>Benadryl</td>
<td>50 mg</td>
<td>IV</td>
<td>once</td>
<td>1/28/2014</td>
<td></td>
<td>AC -&gt; DOCEtaxel 100 mg/m² - Adjuvant</td>
</tr>
<tr>
<td>rantimide HCI</td>
<td>50 mg</td>
<td>IV</td>
<td>once</td>
<td>1/28/2014</td>
<td></td>
<td>AC -&gt; DOCEtaxel 100 mg/m² - Adjuvant</td>
</tr>
<tr>
<td>Decadron PO</td>
<td>8 mg</td>
<td>PO</td>
<td>twice a day for 3 Day(s)</td>
<td>1/28/2014</td>
<td></td>
<td>AC -&gt; DOCEtaxel 100 mg/m² - Adjuvant</td>
</tr>
<tr>
<td>Taxotere (DOCETaxel)</td>
<td>187 mg</td>
<td>IV</td>
<td>once</td>
<td>1/28/2014</td>
<td></td>
<td>AC -&gt; DOCEtaxel 100 mg/m² - Adjuvant</td>
</tr>
<tr>
<td>Fulvax Quad 2014-2015</td>
<td>0.5 mL</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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/28/2015</td>
<td>12:55 PM</td>
</tr>
</tbody>
</table>

Radiation Treatment(s):

<table>
<thead>
<tr>
<th>Date</th>
<th>Radiation Therapy #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/28/2015</td>
<td>12:55 PM</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: JONES, CLYDE M.
Change Data

Process Implementation (n = 7)

- # patients receiving summary
- # patients eligible for summary

Number of patients

<table>
<thead>
<tr>
<th>2 week period</th>
<th># patients eligible for summary</th>
<th># patients receiving summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 3 - 14</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Aug 17 - 28</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Aug 31 - Sep 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 14 - 25</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Sep 28 - Oct 9</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
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)
  • Stephan Erdadi (IT support)
  • Gail Winkler RN (Nursing Staff)
  • Amy Fiala LPN (Medical Assistant)
  • Donna Bryson (Transcriptionist)

• Duke Cancer Network Team

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

• Project Sponsor: Clyde Michael Jones MD (Provider)
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

**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.

**RESULTS:**

- Process Implementation (n = 7)
  - # patients receiving summary
  - # patients eligible for summary
  - # patients eligible for summary

- Performance by Providers
  - Patients Receiving Summary
  - Patients Eligible for Summary

- Cross-Check (performed once on Sep 14, 2015)
  - # Patients Receiving Summary
  - # Patients Eligible for Summary

**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

---

**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)
- Brent Mullins MD (Provider)
- Stephan Erdadi (IT support)
- Gail Winkler RN (Nursing Staff)
- Amy Fiala LPN (Medical Assistant)
- Donna Bryson (Transcriptionist)

**Project Sponsor**
- Clyde M. Jones MD