A Multidisciplinary Supportive Oncology Clinic with Integrated Medication Therapy Management

St. Luke’s
Mountain States Tumor Institute
Boise, Idaho
Robert Mancini, Pharm.D

- I do not intend to discuss an off-label use of a product during this activity.
- I have not had any relevant financial relations during the past 12 months to disclose.

Kathleen Clifford, MSN, FNP-BC, AOCNP, ACHPN

No conflicts to disclose.

- I do not intend to discuss an off-label use of a product during this activity.
- I have not had any relevant financial relations during the past 12 months to disclose.

St. Luke’s Health System

Idaho’s Largest Health Care Provider

With 5 hospitals and more than 90 clinics, St. Luke’s Health System serves thousands of patients throughout southwest and central Idaho and eastern Oregon.

Hospitals:
- Magic Valley
- Boise
- Meridian
- Wood River**
- McCall**

-Mountain States Tumor Institute:
- Magic Valley
- Fruitland
- Nampa
- Meridian
- Boise

-Managed Hospitals/Clinics:
- Gooding
- Mountain Home
- Stanley
- Weiser
- Challis
** Critical Access Hospital

St. Luke’s Mountain States Tumor Institute

- Non-profit regional cancer center
- NCI-selected participant in the NCCCP 2010-2012
- 5 outpatient clinics and one inpatient oncology wing
- 3,000 – 5,000 new patients annually
- >14,000 intravenous chemotherapy doses per year
- ~1500 oral chemotherapy scripts processed per year
Idaho’s Largest Provider of Cancer Services

Magic Valley

Meridian

Nampa

Fruitland

Five full-service oncology clinics serving parts of Idaho, Nevada and Oregon

National Palliative Care in Oncology Guidelines

- National Cancer Center Network (NCCN)
  - Initial and ongoing assessments require a thorough “whole patient” approach
    - Physical Symptoms
    - Psychosocial Symptoms
    - Cultural and Educational Factors
    - Caregiver Burden
    - Consultation
    - Hospice, Death & Bereavement Support

National Comprehensive Cancer Network Guidelines. Palliative Care. V.2.201. © NCCN 4/23/12
Supportive Care Program Development

- Physicians as stakeholders and customers
- Integrates quality care standards
- Started small with oncology APN
- Coordinates with Relationship based care initiatives
- Creates a Culture of Compassion among all staff
- Provides staff education and training opportunities
- Provides staff support initiatives
- Collaborates to develop clinical flow processes
- Communicates with Palliative Medicine Service
- Coordinates with Hospice services

Staff Support Systems

- Schwartz Center Rounds
  - Established in 2006, held 10 times each year
- Tea for the Soul
  - Staff bereavement support with social worker, chaplains
- Night of Memories
  - Yearly memorial service in hospital chapel
- Coffee Series
  - Interdisciplinary education focused on communication skills, open to all staff
- Integrative Medicine
  - Staff support for self-care, holistic practices & and creating an environment of healing

MSTI Supportive Care Program

- Integrates palliative care principles in the outpatient setting.
- Certified Advanced Certified Hospice and Palliative Care Nurse
- Coordinates directly with primary Oncologist to support care of complex patients.
- Utilizes existing resources for proactive assessment and concurrent care approach.
- Incorporates national standards, evidence-based, best practices.
- Structured screening, referral and follow-up.
Initial Screening

- Refer for:
  - Life expectancy < 12 months
  - Serious co-morbid physical and psychosocial conditions
  - Uncontrolled symptoms
  - Distress related to cancer diagnosis or therapy
  - Patient or family concerns regarding disease or decision-making
  - Patient age 80 and over

Adapted from NCCN guidelines

Clinic Visits: Patient Demographics

- Total of 153 patients seen (as of May 1st, 2012)
  - Boise – 94
  - Meridian – 29
  - Nampa – 24
  - Fruitland – 6

Primary Reason for Referral to SCC

[Graph showing primary reasons for referral]
Clinic Visits: Patient Demographics

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th># Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>17</td>
</tr>
<tr>
<td>Colorectal</td>
<td>9</td>
</tr>
<tr>
<td>GI</td>
<td>8</td>
</tr>
<tr>
<td>GYN</td>
<td>14</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>14</td>
</tr>
<tr>
<td>Leukemia</td>
<td>4</td>
</tr>
<tr>
<td>Lung</td>
<td>29</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>8</td>
</tr>
<tr>
<td>Melanoma</td>
<td>3</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>29</td>
</tr>
<tr>
<td>Prostate</td>
<td>5</td>
</tr>
</tbody>
</table>

Physician Type | Number of Referrals
---|---
Med Onc | 145
Rad Onc | 8

GI = Biliary/Ampullary (2), Esophageal (2), Gastric (3), GIST
GYN = Endometrial (4), Ovarian (9), Cervical
Lung = Non-Small Cell (23), Small Cell (5), Mesothelioma
Other = Bladder, Brain, Kidney (2), Liver, Sarcoma (2), Thyroid

Clinical interventions

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
</tr>
</thead>
</table>

SCC Procedure

- Patient Referral by MH/NTA
  - Screening call
  - Referral process
  - Needs assessment

- SCC Appointment Coordination by RN
  - Coordinates flow
  - Provides educational materials and written instructions
  - Manages referral follow-up

- SCC Patient Experience
  - Patient stays in one room, providers rotate through
  - MH/Psychiatry
  - RN
  - Infusion
  - Chaplain and integrative medicine as needed

- Follow-Up
  - 1 week with MD
  - Pain medications have been updated
  - 2 weeks to 1 month
  - Other needs
  - Monitor for all other patients

- Ongoing Care by RN
  - Coordinates with oncology team
  - Assists with care transitions
  - Facilitates additional referrals as needed

Average Minutes Spent with Patient
- Nurse Practitioner: 45
- Registered Nurse: 35
- Physician: 30
- Registered Dietitian: 25
- Social Worker: 25
MSTI Supportive Care Screening Tool

Patient Name: ____________________________

Supportive Care Screening Tool

Which of the following have you experienced in the past 7 days?
Please check off that apply to you.

Physical Stressors:
- Shortness of breath or cough, difficulty breathing
- Difficulty swallowing, changes in blood pressure
- Problems with balance, fatigue, confusion, difficulty concentrating, numbness, tingling sensations
- Changes in vision or hearing
- Complaints, diarrhea, nausea, vomiting
- Problems with swallowing, pain or stiffness in joints
- Pain

Emotional/Social Stressors:
- Family problems
- Depression
- Addiction (past or present)
- Symptomatic ingestion concerns
- Stress about changes in appearance

Financial Stressors:
- Housing/food medications
- Transportation

Illness Understanding Screening Tool

For the next section, please check the box that best describes how you feel for each question.

How well do you...
- Understand your diagnosis?
- Understand your prognosis?
- Understand your treatment plan?
- Understand your medications?
- Feel your symptoms are being controlled?
- Feel you understand the resources available to you at MSTI?

Adapted from Temel, et al., 2010, supplemental materials available at www.NEJM.ORG
Patient Satisfaction Phone Survey
1 week after visit (N=28)

- 97% would recommend clinic to other patients
- 100% felt clinic helped them understand their meds
- 97% felt symptoms were addressed

Factors likely to trigger MD referral
(4=Usually, 5=Always)
Non-pain symptom management ........ 4.4
Complex or difficult communication .... 4.4
Significant psychosocial needs .......... 4.4
Frequent/multiple concerns that can't be addressed in regular visit .... 4.4
Pain management ....................... 4.1
Complex med issues/reconciliation .... 4.0

MD Satisfaction Survey
Completed by 7 of 11 Referring Oncologists
(4=Usually, 5=Always)

Did you feel you maintained sufficient control over patient’s care .... 4.7
Was communication with the team adequate? ............... 4.1
Was the team helpful in managing your patient? ........... 4.6
Were you satisfied with your patient's care in the clinic? .... 4.3
### Ave. Time Spent in Minutes with Patient/Family/Caregiver

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Time (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>44</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>43</td>
</tr>
<tr>
<td>Social Worker</td>
<td>33</td>
</tr>
<tr>
<td>Registered Dietitian</td>
<td>23</td>
</tr>
<tr>
<td>Chaplain</td>
<td>17</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>45</td>
</tr>
<tr>
<td><strong>Average Total Time</strong></td>
<td><strong>2 hrs 15 min</strong>*</td>
</tr>
</tbody>
</table>

*Total time is an estimate based on overlapping visits

### Pharmacist Background: In the Literature

- Shift towards Integrated Care Model
  - Solo Model: Physician does everything themselves
  - Congress Model: Referral out to subspecialties
- Few reports in the literature include clinical pharmacist as a standard member of the team
  - Some only utilize pharmacist as referral
  - Those who do have a pharmacist provide little data on their impact

### Pharmacist Role: Procedure & Responsibilities

- Day Before Clinic
  - Evaluate medication list in our EMR
  - Drug Interactions
  - Duplications in Therapy
  - Inaccuracies in medication list
  - Start "patient friendly" medication list
Pharmacist Role: Med List

Pharmacist Role: Procedure & Responsibilities

• Day of Clinic
  • Patients asked to bring in all bottles including OTCs and herbs/supplements
  • Pharmacist enters room with primary RN
    • Goes through medication bottles and updates med list
    • Re-evaluates for:
      • Drug-Drug Interactions
      • Adverse Drug Reactions
      • Duplications in Therapy
      • Lack of Efficacy
      • Untreated Conditions
    • Discusses above with patient and potential options
    • Provides basic medication change recommendations

Pharmacist Role: Procedure & Responsibilities

• After seeing Patient
  • Provide updated medication list including new medications
  • Be available to staff for remainder of clinic for drug information questions
  • Account for med list charge capture
  • Fill out Assessment and Note
Pharmacist Role: Med List

Pharmacist Role: Assessment Form

- Adaptation of the AACME Method utilized by the University of Chicago, Illinois Medical Center Medication Therapy Management (MTM) Clinic
- Model evaluates five primary areas of medication management:
  - Access
  - Adherence
  - Continuity of Care
  - Medication Reconciliation
  - Education
Pharmacist Role: Assessment Note

Clinic Visits: Topics Discussed with Pharmacist*  

<table>
<thead>
<tr>
<th>Topic</th>
<th>Number of Patients (%)</th>
<th>Other Topics (&lt;12% of patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constipation</td>
<td>64 (41.8)</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Depression</td>
<td>49 (32)</td>
<td>Infection</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>21 (13.7)</td>
<td>Appetite</td>
</tr>
<tr>
<td>Fatigue</td>
<td>41 (26.8)</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>Medication Questions</td>
<td>43 (28.1)</td>
<td>CNS Issues</td>
</tr>
<tr>
<td>Nausea</td>
<td>62 (40.5)</td>
<td>Constipation</td>
</tr>
<tr>
<td>Pain</td>
<td>116 (75.8)</td>
<td>Oral Chemo</td>
</tr>
<tr>
<td>Reflux</td>
<td>24 (15.7)</td>
<td>Cough</td>
</tr>
<tr>
<td>Sleep</td>
<td>39 (25.5)</td>
<td>Rash</td>
</tr>
<tr>
<td>Supplements</td>
<td>24 (15.7)</td>
<td>Diabetes Management</td>
</tr>
<tr>
<td>Nausea</td>
<td>62 (40.5)</td>
<td>Distress</td>
</tr>
<tr>
<td>Pain</td>
<td>116 (75.8)</td>
<td>Sedation</td>
</tr>
<tr>
<td>Reflux</td>
<td>24 (15.7)</td>
<td>Dry Mouth</td>
</tr>
<tr>
<td>Sleep</td>
<td>39 (25.5)</td>
<td>Sexual Dysfunction</td>
</tr>
<tr>
<td>Supplements</td>
<td>24 (15.7)</td>
<td>Edema</td>
</tr>
<tr>
<td>Nausea</td>
<td>62 (40.5)</td>
<td>Shortness of Breath</td>
</tr>
<tr>
<td>Pain</td>
<td>116 (75.8)</td>
<td>Financial Issues</td>
</tr>
<tr>
<td>Reflux</td>
<td>24 (15.7)</td>
<td>Smoking Cessation</td>
</tr>
<tr>
<td>Sleep</td>
<td>39 (25.5)</td>
<td>Gas/Bloating</td>
</tr>
<tr>
<td>Supplements</td>
<td>24 (15.7)</td>
<td>Tremor</td>
</tr>
<tr>
<td>Nausea</td>
<td>62 (40.5)</td>
<td>Healthcare Access</td>
</tr>
<tr>
<td>Pain</td>
<td>116 (75.8)</td>
<td>Urinary Issues</td>
</tr>
<tr>
<td>Reflux</td>
<td>24 (15.7)</td>
<td>Hot Flashes</td>
</tr>
<tr>
<td>Sleep</td>
<td>39 (25.5)</td>
<td>Warfarin Mgmt</td>
</tr>
</tbody>
</table>

*Median of 4 topics per patient (Range: 1-7)

Pharmacist Role: Referrals

- Referral to Social Workers
  - Sixty patients (39.2%) reported issues with medication costs
  - Forty one had high co-pays
  - Twenty two had no insurance coverage or a specific medication wasn’t covered
  - Thirty seven patients (24.2%) reported transportation issues
  - Sixty one patients (39.9%) reported healthcare access issues

- Referral to Dietitian
  - Patients who had GI related issues OR where on supplements were referred to their visit with the dietitian
  - 127 patients (83%) relayed the above to the pharmacist
Pharmacist Interventions: Med Reconciliation

- Missed Doses
  - 94 patients (61.4%) reported missing at least one dose of their medications
  - Most common reason was forgetfulness (46.8%)
  - Other common reasons included confusion, doesn’t like taking meds, adverse reactions and formulation issues

- Adherence Counseling was performed with all patients

- Pill boxes were suggested or discussed as appropriate

- All of the patients had medications that they reported taking that were not in our EMR medication list

Pharmacist Role: Assessment Findings

<table>
<thead>
<tr>
<th>Assessment Issue</th>
<th>Number of Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duplicate Therapy</td>
<td>69 (45.1%)</td>
</tr>
<tr>
<td>Drug-Drug Interactions</td>
<td>54 (35.3%)</td>
</tr>
<tr>
<td>Lack of Efficacy</td>
<td>136 (88.9%)</td>
</tr>
<tr>
<td>Side-Effects Seen</td>
<td>127 (83%)</td>
</tr>
<tr>
<td>Untreated Conditions</td>
<td>105 (68.6%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Findings</th>
<th>Average</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Spent</td>
<td>44.1 min</td>
<td>15-90 min</td>
</tr>
<tr>
<td>Education Time</td>
<td>17.5 min</td>
<td>5-40 min</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Median</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Meds</td>
<td>8</td>
<td>0-25</td>
</tr>
<tr>
<td>As Needed Meds</td>
<td>5</td>
<td>0-11</td>
</tr>
</tbody>
</table>

Pharmacist Interventions: Duplicate Therapy

- A total of 69 patients had 74 duplications in therapy

<table>
<thead>
<tr>
<th>Medication Class</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antianxiety/Benze</td>
<td>7</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>3</td>
</tr>
<tr>
<td>Supplements</td>
<td>3</td>
</tr>
<tr>
<td>Blood Pressure Med</td>
<td>4</td>
</tr>
<tr>
<td>BTP Med</td>
<td>20</td>
</tr>
<tr>
<td>Laxatives (same MOA)</td>
<td>5</td>
</tr>
<tr>
<td>Diuretics</td>
<td>3</td>
</tr>
<tr>
<td>Multiple APAP Products</td>
<td>4</td>
</tr>
<tr>
<td>Acid Suppressors (PPI)</td>
<td>5</td>
</tr>
<tr>
<td>Sleep Meds</td>
<td>11</td>
</tr>
</tbody>
</table>

*Other duplication classes included anticoagulants, antidiarrheals (same MOA), antihistamines, mucositis solutions, neuropathic pain meds, NSAIDs, Nausea meds (Same MOA), & potassium.
Pharmacist Interventions: Drug-Interactions

- 59 drug interactions found in 54 patients
- Most common listed here

<table>
<thead>
<tr>
<th>Drugs with Interaction</th>
<th>Number of Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amlodipine</td>
<td>3</td>
</tr>
<tr>
<td>Citalopram</td>
<td>7</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>3</td>
</tr>
<tr>
<td>Levofoxacin</td>
<td>4</td>
</tr>
<tr>
<td>Metoclopramide</td>
<td>10</td>
</tr>
<tr>
<td>NSAIDs</td>
<td>6</td>
</tr>
<tr>
<td>PPIs</td>
<td>3</td>
</tr>
<tr>
<td>Psych Meds</td>
<td>3</td>
</tr>
<tr>
<td>Simvastatin</td>
<td>3</td>
</tr>
<tr>
<td>Supplements</td>
<td>3</td>
</tr>
<tr>
<td>Tramadol</td>
<td>3</td>
</tr>
<tr>
<td>Venlafaxine</td>
<td>5</td>
</tr>
<tr>
<td>Warfarin</td>
<td>13</td>
</tr>
<tr>
<td>Zolpidem</td>
<td>3</td>
</tr>
</tbody>
</table>

Pharmacist Interventions: Lack of Efficacy

- A total of 136 patients reported 140 cases of under treatment

<table>
<thead>
<tr>
<th>Undertreated Condition</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>3</td>
</tr>
<tr>
<td>Constipation</td>
<td>17</td>
</tr>
<tr>
<td>Depression</td>
<td>12</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>8</td>
</tr>
<tr>
<td>Nausea</td>
<td>15</td>
</tr>
<tr>
<td>Other*</td>
<td>18</td>
</tr>
<tr>
<td>Pain</td>
<td>49</td>
</tr>
<tr>
<td>Reflux</td>
<td>10</td>
</tr>
<tr>
<td>Sleep</td>
<td>8</td>
</tr>
</tbody>
</table>

*Appetite (2), Blood Pressure (2), Fatigue (2), Hot Flashes (1), Incontinence (2), Misc (2), Mucositis (2), Shortness of Breath (3), Thyroid (2).

Pharmacist Interventions: Side-Effects

- A total of 127 patients reported 134 adverse drug reactions (most common below)

<table>
<thead>
<tr>
<th>Side-Effect</th>
<th>Number of Patients (%)</th>
<th>Reported Medication(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS Alterations</td>
<td>13 (9.7%)</td>
<td>Citalopram, Venlafaxine, Oxycodone, Zolpidem, Gabapentin, Duloxetine, Amitriptyline,</td>
</tr>
<tr>
<td>Constipation</td>
<td>41 (30.6%)</td>
<td>Norepinephrine, 5-HT3 antagonists, Iron, Seizure Meds, Metoclopramide, Loperamide,</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>7 (5.2%)</td>
<td>Imatinib, Olanzapine, Loperamide, Venlafaxine, Lactulose, Axitrilept, Docusate,</td>
</tr>
<tr>
<td>Dry Mouth</td>
<td>13 (9.7%)</td>
<td>Diuretics, Zolpidem, Sertraline, Tranquilizers, Tolbutamide, Diphenhydramine,</td>
</tr>
<tr>
<td>Fatigue</td>
<td>6 (4.5%)</td>
<td>Chemotherapy</td>
</tr>
<tr>
<td>Insomnia</td>
<td>5 (3.7%)</td>
<td>Supplements, Citalopram, Venlafaxine</td>
</tr>
<tr>
<td>Low Blood Pressure</td>
<td>5 (3.7%)</td>
<td>Various BP Meds</td>
</tr>
<tr>
<td>Nausea</td>
<td>12 (9%)</td>
<td>Nausea, Loperamide, Oxycodone, Methadone, Metoclopramide, Histamine, Duloxetine,</td>
</tr>
<tr>
<td>Rash</td>
<td>6 (4.5%)</td>
<td>Sulfa, Erythromycin, Isoniazide, Rifampin, Rifabutin, Pemetrexed, Warfarin,</td>
</tr>
<tr>
<td>Sedation</td>
<td>10 (7.5%)</td>
<td>Nortriptyline, Oxycodone, Amitriptyline, Gabapentin, Flutamide, Diphenhydramine,</td>
</tr>
</tbody>
</table>
Pharmacist Interventions: Untreated Conditions

- A total of 105 of the patients presented with symptoms that were currently untreated

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Number of Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appetite</td>
<td>5 (4.8%)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>4 (3.8%)</td>
</tr>
<tr>
<td>Constipation</td>
<td>11 (10.5%)</td>
</tr>
<tr>
<td>Depression</td>
<td>12 (11.4%)</td>
</tr>
<tr>
<td>Dry Mouth</td>
<td>4 (3.8%)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>21 (20%)</td>
</tr>
<tr>
<td>Gastroparesis</td>
<td>8 (7.6%)</td>
</tr>
<tr>
<td>Mucositis</td>
<td>8 (7.6%)</td>
</tr>
<tr>
<td>Other*</td>
<td>18 (17.1%)</td>
</tr>
<tr>
<td>Pain</td>
<td>5 (4.8%)</td>
</tr>
<tr>
<td>Reflux</td>
<td>4 (4.3%)</td>
</tr>
<tr>
<td>Sleeplessness</td>
<td>5 (4.8%)</td>
</tr>
</tbody>
</table>

*CNS issues (2), Cough (2), Electrolyte Abnormality (1), Gas (2), Infection (2), Infammation (2), Nausea (1), Neuropathy (1), Rash (1), Secretions (1), Sedation (1), Sexual Dysfunction (1), Smoking cessation (1).

Pharmacist’s Role: Conclusions

- Cancer patients have multiple co-morbidities and multiple providers leading to poly-pharmacy risks
- Pharmacists are uniquely trained in medication therapy management (MTM)
- A thorough medication reconciliation can assist other disciplines in their assessment
- Clinical pharmacists with oncology residency training can provide insight for oncology related and non-oncology related medication management

Integrating Supportive Care 2010 - 2012

- Expansion/integration of clinics made possible in part by participation 2010-2012 in the National Cancer Institute (NCI) Community Cancer Centers Project (NCCCP)*
- Professional staff to model & provide care
- National networking on best practices
- Education and training for clinic staff
- Team building in palliative care
- Staff support programs with Integrative Medicine
- Psychosocial Distress Screening
- Survivorship Program
- Psychiatrist full-time
- Quality Monitoring

*Funded with Federal funds by the NCI, Contract No. HHSN261200800001E
Challenges Remain

• What to do with no shows/cancellations
  • Schedules opened to late or same day add-ons
  • Staff refocuses time to other areas (Triage, Oral chemo, follow-ups, etc)
• Staff project time (to write for award applications, publications, etc)
• Improving referrals
  • Ongoing issue
  • Interdisciplinary referrals
• Large print signs/flyers/pamphlets
• Navigation
• Coordination
• Follow-up and outcomes
• Metrics

Supportive Care Goals 2012-2013

• Ensure that patient-centered care is provided as an integral part of quality comprehensive cancer care
• Integrate Psychiatrist, Social Workers, Supportive Care Clinic, Survivorship into continuum of care service
• Process for automatic referrals/care pathways
• Coordinate with Surgical Oncology Services
• Advanced Directives in outpatient clinic
• Symptom assessment tool with rating system
• Distress management screening
• Depression screening tool (PHQ-9)
• Expand referrals of survivors with complex issues
• Collaborate with Rehabilitation, Palliative Medicine and Hospice services
• Monitor outcomes

Supportive Oncology Program

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