



Quality Initiative in US Community Cancer Centers

Matthew Smeltzer, Percy Lee, Joseph Kim, David R. Spigel, Brendon Matthew Stiles, Alexander I. Spira, Ravi Salgia, Howard West, Michelle Shiller, Elana Plotkin, Lorna Lucas, Leigh Boehmer

University of Memphis, School of Public Health, Memphis, TN; University of Texas MD Anderson Cancer Center, Houston, TX; MCM, Newton, PA; Sarah Cannon Research Institute/Tennessee Oncology, Nashville, TN; New York Presbyterian Hosp, New York, NY; US Oncology Research/Virginia Cancer Specialists, Fairfax, VA; The University of Chicago, Chicago, IL; Swedish Cancer Institute, Seattle, WA; Pathologists Bio-Medical Laboratories, Dallas, TX; Association of Community Cancer Centers, Rockville, MD

BACKGROUND

Quality improvement (QI) in cancer care delivery requires understanding the setting, clearly defining problem(s), and identifying targeted solutions. The Association of Community Cancer Centers (ACCC) conducted a national project to identify and provide guidance on key issues in care for patients with stage III/IV non-small cell lung cancer (NSCLC). We report the problems and solutions identified after a mixed-methods baseline data evaluation.

METHODS

The multi-phase ACCC QI initiative was guided by an expert steering committee. A request for applications was advertised to all ACCC programs, with committee members ranking each site in pre-specified categories (ex., replicability, practice champion engagement). After selection of sites, baseline data assessed programs' patient populations, current care delivery practices, processes of care, and biomarker testing rates. A full-day workshop was conducted with multidisciplinary team members and expert faculty to review baseline data, refine problem statements, and identify site-specific QI solutions.

RESULTS

The six participating US sites were regionally diverse with a rural/urban mix. In baseline data, median patient ages were 65-72 years and patients treated were 50% stage III/50% stage IV. Biomarker testing practices, use of multidisciplinary tumor board, and clinical care pathways varies across sites.

FEATURED CANCER CENTERS

- FirstHealth Moore Regional Hospital;** Pinehurst, North Carolina
- O'Neal Comprehensive Cancer Center at UAB;** Birmingham, Alabama
- Saint Francis Cancer Center;** Tulsa, Oklahoma
- Southern Ohio Medical Center;** Portsmouth, Ohio
- Sutter Health, Sutter Medical Center;** Sacramento, California
- Tennessee Oncology;** Nashville, Tennessee

CONCLUSION

- Challenges in lung cancer care delivery can be identified and addressed using an intentional QI approach.
- Clearly defining the problem and identifying potential solution(s) are critical steps and should occur before implementation.

ACKNOWLEDGMENTS

ACCC would like to thank our project partners: LUNGeVity, International Association for the Study of Lung Cancer (IASLC), and American College of Chest Physicians (CHEST).

FUNDING

This project is supported by AstraZeneca.

Author Contact Information:

Elana Plotkin, CMP-HC
Assistant Director, Provider Education
1801 Research Blvd., Suite 400
Rockville, MD 20850
EPlotkin@accc-cancer.org
accc-cancer.org



Copies of this poster obtained through Quick Response (QR) Code are for personal use only and may not be reproduced without permission from ASCO® and the author of this poster.

RESULTS (CONTINUED)

Five key QI areas were identified:

- Management of immune related adverse events (irAE)
- Biomarker testing
- Emergency visit management (EVM)
- Access to clinical trials
- Smoking cessation

Two sites identified problems with irAE management during immunotherapy (IT). The first identified needs for proactive symptom identification, assessment, and management.

Solutions:

- A patient questionnaire to identify early signs of irAEs
- Pilot testing a nurse-administered questionnaire

A second site identified that front-line clinicians may not be properly identifying possible irAEs.

Solutions:

- Forming an IT toxicity working group
- Educating front-line clinicians about irAEs

Two sites focused on biomarker testing. The first problem identified was inefficient tracking of testing results.

Solutions:

- Assigning a nurse navigator to track, enter, and communicate test results
- Proactively coordinating appointments for patients with positive test results

The second site identified delayed care when inadequate tissue was obtained.

Solutions:

- Pathology-driven reflex testing
- Liquid biopsy order at diagnosis

Similar problems/solutions were developed for EVM, clinical trial access, and smoking cessation.