

# Incorporating Telementoring (Project ECHO®) into Practice: Efficacy of Point of Service Testing-Breast Cancer (ePOST-BC)

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**ASCO** Quality

Care Symposium

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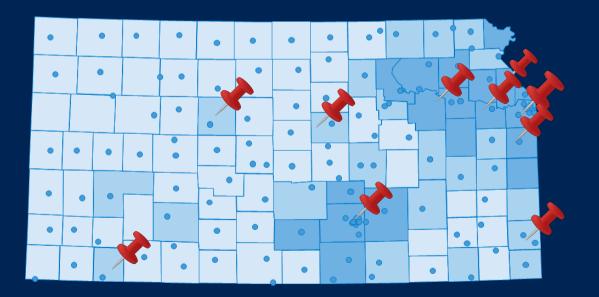
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PRESENTED BY: Lauren Nye, MD

# **Methods**

- Ten rural and community cancer care teams were invited to participate.
- Five 1-hour Project ECHO sessions.
- Provider and practice readiness was assessed using the Organizational Readiness for Implementing Change survey.
- REDCap database was used for registration, surveys and data collection.
- Optional process improvement component



Rural

Hays Medical Center, Tammy Walker Cancer Center



Olathe Medical Center, Lawrence Memorial Hospital, St. Francis

Metro

North Kansas City Hospital, KUCC, KUHS, Truman Hospital



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# Results: Participant Engagement, Preferences and Readiness

Website Views June-December 2019

Data	Stats
Pageviews	703
Unique Pageviews	519
Avg time on page	02:37
Access to sessions recordings	41
Access to session slide decks	24
Access to resource tool kit	80

PARTICIPANTS N=76	(OŘI
Psychologi st/ Social	People people Cance
work Other 5% 13%	People Servic
ancer Nurses 25%	People progre
7% Genetic Physicians	People of Ser
ounselor 8% [PERCENT AGE]	People suppo Cance
	People in Brea
% felt communication	People mome Breast
n ECHO Hub Team was	People challer Testing
<b>76.9%</b> preferred chat box as interactive feature	People Servic
.8% utilized the video	People so tha
ature in the sessions	People Testing
	People

#### **Organizational Readiness for Implementing Change** Mean C) Survey le who work here feel confident that the organization can get 4.25 le invested in implementing Point of Service Testing in Breast le who work here are committed to implementing Point of 4.58 ce Testing in Breast Cancer le who work here feel confident that they can keep track of 4.42 ess in implementing Point of Service Testing in Breast Cancer le who work here will do whatever it takes to implement Point 4.16 rvice Testing in Breast Cancer le who work here feel confident that the organization can 3.75 ort people as they adjust to Point of Service Testing in Breast le who work here want to implement Point of Service Testing 4.58 east Cancer le who work here feel confident that they can keep the 4.25 entum going in implementing Point of Service Testing in t Cancer le who work here feel confident that they can handle the 3.83 enges that might arise in implementing Point of Service ng in Breast Cancer le who work here are determined to implement Point of 4.25 ce Testing in Breast Cancer le who work here feel confident that they can coordinate tasks 3.83 at implementation goes smoothly le who work here are motivated to implement Point of Service 4.42 ng in Breast Cancer People who work here feel confident that they can manage the 3.83 politics of implementing Point of Service Testing in Breast Cancer



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# **Results:** Knowledge and Genetic Testing

	% Participants reporting Good and Outstanding level of Achievement					
Level of Achievement	Session 1	Session 2	Session 3	Session 4	Session 5	
Improve access to evidence-based care for their patients	66.6%	100%	100%	80%	100%	
Utilize guideline based genetic testing and evidence-based practice management	88.8%	100%	100%	80%	100%	
Increase the number of eligible patients with breast cancer who undergo genetic counseling and testing	77.7%	100%	100%	80%	100%	
Decrease barriers to increase timely genetic counseling and testing	77.7%	100%	100%	80%	100%	
Incorporate shared decision- making concepts and multi- disciplinary team approaches in their practice setting	77.7%	100%	100%	80%	100%	



29.5% reported staffing as the main organizational barrier to implement Point of Service testing.

58.3% report an increase in genetic testing of patients since completion of echo



The level of engagement in process improvement was impacted by an:

- Identified clinic champion
- Organizational commitment
- Motivator

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# Conclusions

- Rural and community oncology providers are interested and willing to engage in telementoring to improve implementation of point of service genetic education and testing.
- Telementoring improves provider knowledge and implementation of testing.
- Demonstrating higher levels of measurable change such as testing completion rates for eligible patients is difficult in a community setting without intensive data collection.
- Limitations: Measuring metrics in QI process when using Project ECHO to reach low resource settings and low responses to surveys

Next steps include the incorporation of technology and standardized tools into practice to address provider and care team burden.

Questions? Please email Lauren Nye at: <u>Inye@kumc.edu</u> or Jennifer Klemp at: <u>jklemp@kumc.edu</u> http://www.masoniccanceralliance.org/tele-mentoring/epost-breast-cancer-genetics.html

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