

Comprehensive Quality Care for Patients with Small Cell Lung Cancer

Effective Practice: Timely Diagnosis to Treatment Initiation

Insights from Corewell Health, Grand Rapids, MI

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“Our lung clinic is structured to ensure that the right things are happening for patients at the right time. With this approach, cost-savings are automatically built in, which then allows us to have more nurses to support patients and ensure access to timely, guideline concordant care.”

— Loril Garrett, BSN, RN, OCN, CBPN-IC, CBCN,
Clinical Nutrition Manager

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The Foundation

Corewell Health provides care to people living in Western Michigan and surrounding areas. Nearly 20 years ago, providers at Corewell Health recognized the need to improve diagnostic care for patients with lung cancer.

At that time, patients would separately see a pulmonologist, surgeon, radiation oncologist, and medical oncologist before treatment could begin. The providers knew they could serve patients better and formed a multidisciplinary lung clinic.

Timely Diagnosis to Treatment Initiation

With this foundation, the Corewell Health team has grown its lung clinic which now includes pulmonologists, interventional pulmonologists, nurses, a nurse coordinator, a clinical nurse manager, lung cancer nurse navigators, a cardiothoracic surgeon, oncologists, radiation oncologists, and many more providers and staff who play a critical role in ensuring quality, patient-centered care.

The lung clinic has a strong referral network and typically receives 25 to 50 referrals a week for diagnostic workup. The team works together to triage patients and get them in as quickly as possible. The team recounted a recent example of how their structure facilitates timely diagnosis and treatment initiation.

Rapid Diagnosis of Small Cell Lung Cancer

A man in his sixties had an abnormal lung screening and was referred to the clinic. On a Tuesday, the nurse coordinator facilitated the diagnostic workup, including working with a provider to obtain tissue and determine it was small cell lung cancer. The same day, the tumor board met at noon, discussed and determined it was limited stage disease. The nurse coordinator shared the information with the patient that afternoon. The nurse coordinator worked with other specialists to expedite a PET scan and MRI for that Wednesday and Friday. The surgeon then met with the patient the following Monday. Exactly one week later, treatment was initiated with surgical removal of the tumor.

The team elaborated on key elements that are in place to make this type of care possible.



RELATIONSHIPS

The lung clinic has established good working relationships with other departments that play a key role in diagnosing lung cancer— so when there is an urgent need to work up a patient quickly those departments collaborate with the clinic to expedite the process.



COLLABORATION

The multidisciplinary team carves out time for discussions— whether it is at the twice a week tumor board or understanding needs and preferences of patients to inform shared decision-making.



LEADERSHIP

The cancer center has a culture of putting patients first, which is encouraged and supported at the highest levels.



INFRASTRUCTURE

In addition to clinical providers, the Cancer Center has a dedicated team of administrative coordinators, who are a shared resource across the clinics. The goal for this team is to increase access for patients. Responsibilities include: supporting the cancer lines, working the referral queue, communicating with patients and gathering information upfront, working with insurance, requesting records, and overseeing all tumor boards and tumor conferences.

For cancer programs that do not have an established multidisciplinary lung clinic or are looking for quality improvement opportunities, Gustavo Cumbo-Nacheli, MD, FCCP, DAABIP, offers the following advice, “Start simple. What is it that you are intending to do? Are you intending to optimize your diagnostics? Are you attempting to accelerate recovery? Are you attempting to improve your therapeutics? Or something else? Then decide how do you get your toe in the water, and then you have to crawl before you walk, and you have to walk before you sprint. But, collective intelligence is going to be the key for success.”

Next Steps

Building on the strong foundation, Corewell Health is investing in additional diagnostic tools and research to improve outcomes of patients impacted by lung cancer. The team hopes the innovative work they are doing in Michigan will someday be able to be replicated across the country for all patients.



Association of Community Cancer Centers

A publication from the ACCC education program, “Comprehensive Quality Care for Patients with Small Cell Lung Cancer.” Learn more at acc-cancer.org/comprehensive-sclc-care.

The Association of Community Cancer Centers (ACCC) provides education and advocacy for the cancer care community. For more information, visit acc-cancer.org.

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