

Supportive Care Summit

Survivorship In Action
Alicia Rosales, LCSW, OSW-C
St. Luke's Mountain State Tumor Institute
December 15, 2015

Supported by: Astra Zeneca



This program is a benefit of membership.

Association of Community Cancer Centers

Survivorship Care:

Overcoming barriers and identifying opportunities



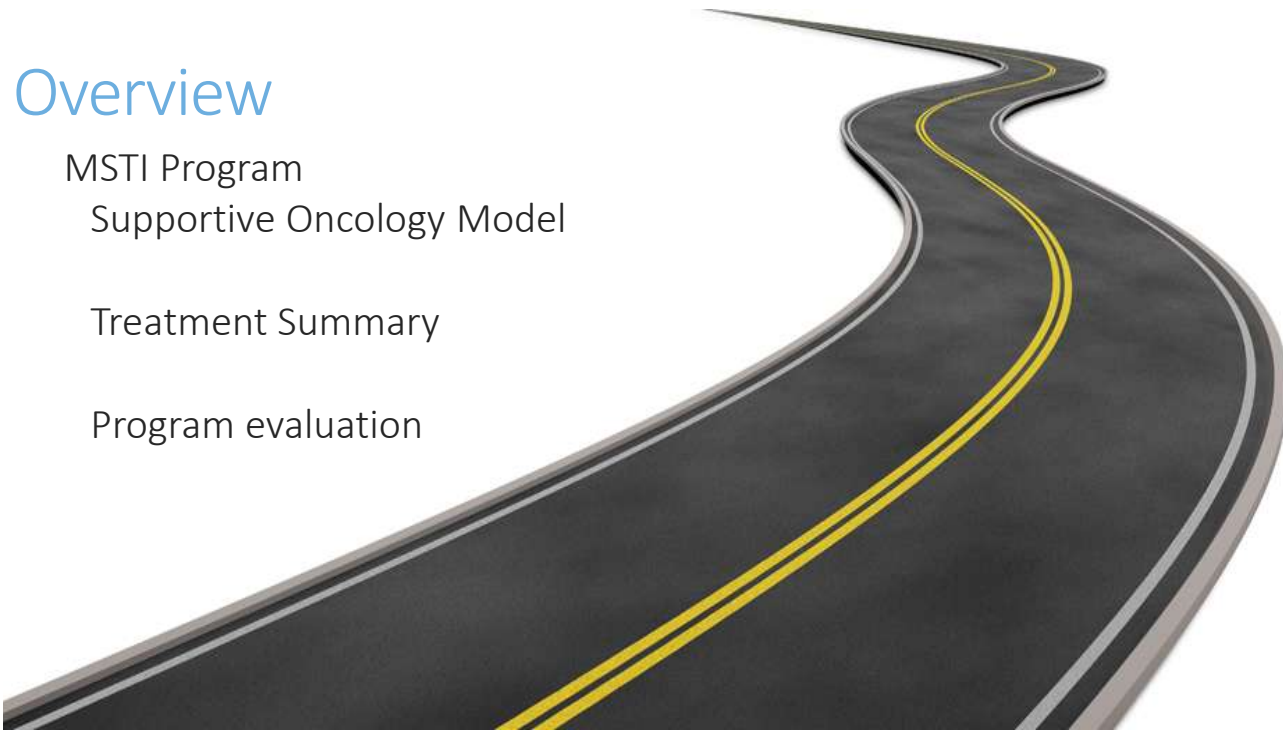
Alicia Rosales LCSW, OSW-C
Survivorship Program Navigator
St. Luke's Mountain States Tumor Institute

Overview

- MSTI Program
- Supportive Oncology Model

- Treatment Summary

- Program evaluation



St. Luke's Mountain States Tumor Institute

Non-profit regional cancer center

5 full service outpatient clinics and one inpatient oncology wing

3,000 – 5,000 new patients annually

Fully integrated Electronic Medical Record

Multidisciplinary Treatment Team

- Medical Oncology
- Radiation Oncology
- Surgical Oncology



St. Luke's Mountain States Tumor Institute

Supportive Oncology is an integral part of MSTI's philosophy that healing comes from caring for the whole person, not just the disease.

Our team of experts works alongside physicians to help stabilize and strengthen patients and families during cancer diagnosis, treatment and beyond.



Survivorship Staff

1.0 FTE Survivorship Program Navigator

Responsible to develop and implement survivorship services across the MSTI system

0.7 FTE Data Integrity Analyst

RHIT credentialed staff who completes all the treatment summaries

Service Delivery

Absorbed by NP/PA staff and social work staff

Ensures each staff person works at the top of his or her clinical licensure

Integrated Team Approach



- Oncologists
- PCPs
- Staff
 - Schedulers
 - Nursing
 - Social Work
- Administration
- Billing/Coding

Community Partners





Survivorship Treatment Summary

In a Escribe document template

Partial auto populate

Modified ASCO treatment summary with modified IOM late effects table as part of the care plan

Available to all patients from all diagnosis

Currently 22 different templates

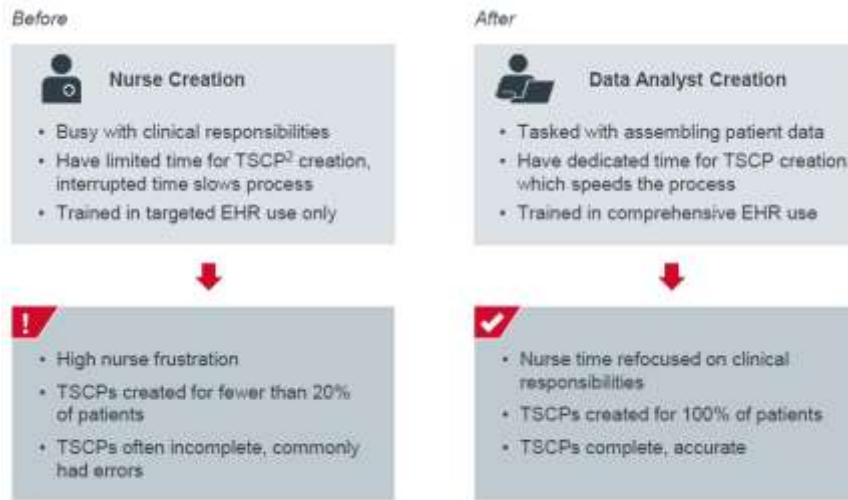
Reviewed by MSTI patient education committee to ensure appropriate translation and reading level

This is not a complete patient history or comprehensive record of intended therapies.

BACKGROUND INFORMATION	
Date of Preparation:	Medical Record Number: (Ident.IDA)
Name: (Patient.NameLF@M)	Date of Birth: (Admin.Birth Date)
Age at Diagnosis: 45	Date of Diagnosis: 7/1/10
Cancer Diagnosis: Cell Type Non Small Cell Lung Cancer	
KRAS: status	ALK: status EGFR: status* Other:
Stage Numeral	Completed Therapy:
Other Chronic Illness :	
Tobacco use: <input type="checkbox"/> No <input type="checkbox"/> Yes, past <input type="checkbox"/> Yes	History of Lung Cancer: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Initial Name (if applicable):
CANCER TREATMENT	
SURGERY	
Surgeon Name: Dr. Matthew Schoolfield	
Date	Procedure
7/01/14	Right lower lobectomy with mediastinal nodal excision
Chemotherapy / Immunotherapy	
Clinic Name and Location: St. Luke's MSTI Boise	
Name of Medical Oncologist: Dr. Ben Bridges	Clinic Phone Number: (208) 381-2711
Clinic Address: 520 South Eagle Road, Meridian, ID 83642	
Regimen 1 Start Date:	End Date:
Regimen 2 Start Date:	End Date:
Number of Cycles Administered:	Number of Cycles Administered:
Drug *indicates cumulative dose limits	Drug *indicates cumulative dose limits

Late Effect	Risk	Interventions
Cardiovascular disease (disease of heart and blood vessels)	Some patients who receive certain chemotherapy (Adriamycin, Herceptin, Epirubicin) have an increased risk of heart disease (disease of heart and blood vessels). Congestive heart failure develops in 0.5 to 1% of patients who received certain cancer therapy.	Patients with the following symptoms should contact their physician: shortness of breath or difficulty breathing, fast or irregular heartbeat, new or increased cough, swelling of the feet or lower legs. "Heart Healthy" lifestyle behaviors that include diet and physical activity are proven to be helpful. Routine screening of cardiac function is not recommended.
Lymphedema (Swelling in a part of the body caused by the buildup of lymph fluids.)	Lymphedema risk varies across treatments and over time. About 12 to 25% of patients develop lymphedema. This may occur right after surgery. Other types may occur months to years after cancer treatment. Risk increases with removal of lymph nodes, radiation therapy, and injury.	Keep skin clean and moisturized to prevent infection. Physical activity can improve lymph drainage. Talk with your doctor about approved exercise. Avoid extreme temperatures, injury or infection on affected side. Talk with your doctor right away if you notice swelling, redness or pain on the affected side.
Sexual changes and/or early menopause or symptoms of estrogen deprivation (e.g. hot flashes, sweats, vaginal discharge or dryness)	Your risk depends on the chemotherapy regimen, the cumulative dose, and your age during treatment. More than half of patients report symptoms of menopause. In most cases the symptoms are mild.	Talk with your doctor about changes in sexual function. Promising non-hormone treatments that may include antidepressants (drugs that treat depression), dietary changes, acupuncture and exercise may help lessen symptoms.
Infertility (Losing the ability to conceive children)	Predicting the risk of infertility to each individual is often hard. Risk factors depend on the drug(s) used, dosage.	There are reproductive options for infertility. Discuss questions/concerns with your provider. They may be able to

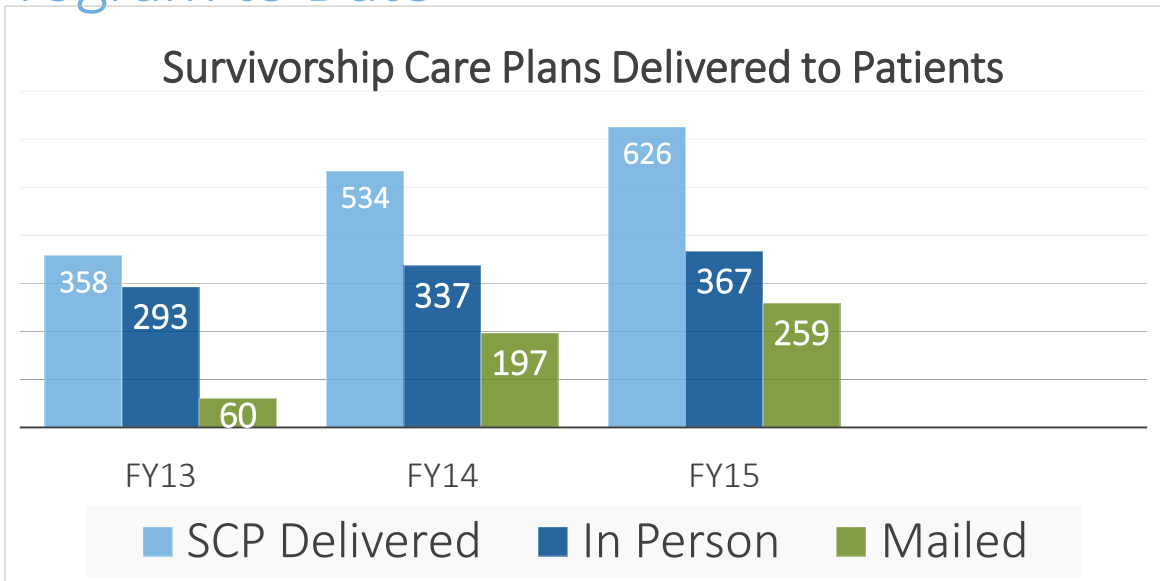
Care Plan Creation – Lessons Learned



The Advisory Board Company Oncology Round Table: The Survivorship Challenge 2014

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Program to Date



Survivorship Program Evaluation

At MSTI

- Performance Improvement process to avoid missing patients
- Provider Satisfaction
- Patient Satisfaction
- Cost /Reimbursement Analysis

Ensuring Care Plan Delivery

Two-Step Approach at St. Luke's Mountain States Tumor Institute

1 Survivorship Quality Checklist:

- Mosaiq EHR checklist, homegrown for survivorship, assigned to nursing team, appears in all new patient records
- Based on diagnosis and treatment, nurse either closes the checklist or postpones checklist to reappear on date of treatment completion
- Checklist pops up on set date, nurse forwards to data analyst to complete TSCP¹ and refers patient to survivorship services



80%

Survivor
Capture
Rate

2 Monthly Reports:

- Quality, PI teams wrote EHR queries to produce monthly lists of patients that concluded treatment
- Data analyst filters the list to show only patients eligible for survivorship visits, sends the list to all relevant care sites as a reminder to providers



90%-100%

Survivor Capture Rate

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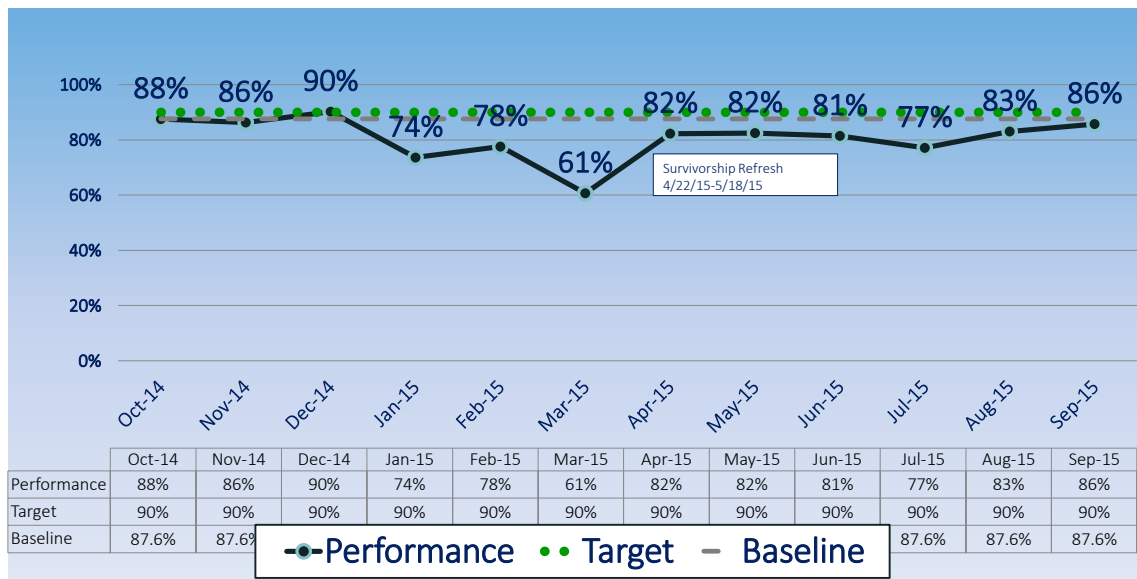
Performance Improvement

Custom Crystal report is generated monthly to identify patients who have completed radiation and those who have completed chemotherapy with curative intent.

Report is sent to the PI team in each clinic to review patient charts and ensure patient is scheduled for survivorship

Report tracks metrics for diagnosis, treatment dates, physicians, date care plan is due, date care plan is delivered, method of delivery (in person or mailed)

Performance Improvement



Provider Input

Oncologists continue to have limited buy-in despite high patient satisfaction

- Looking for additional outcomes

Primary Care Physicians

- Still feel out of the loop
- Want the care plan to be more accessible and directive for their role

Advanced Practice Providers

- Mixed input with about 75% very supportive of the current model and 25% who feel it is below their licensure and could be done by RN staff

Patient Satisfaction

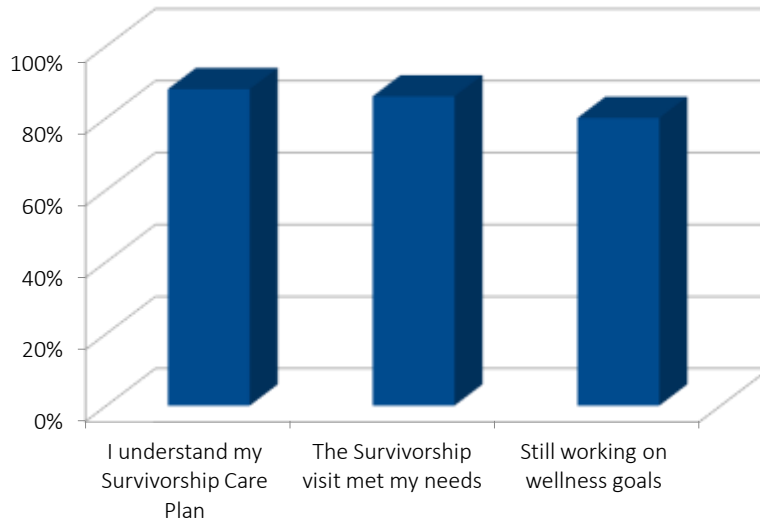
2011

Survivorship Navigator reviewed documentation from 118 survivorship appointments.

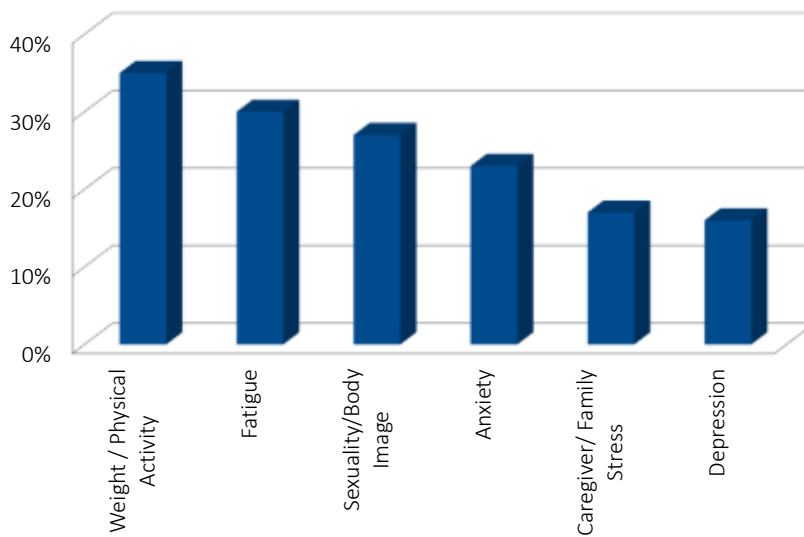
Surveyed 50 patients by phone



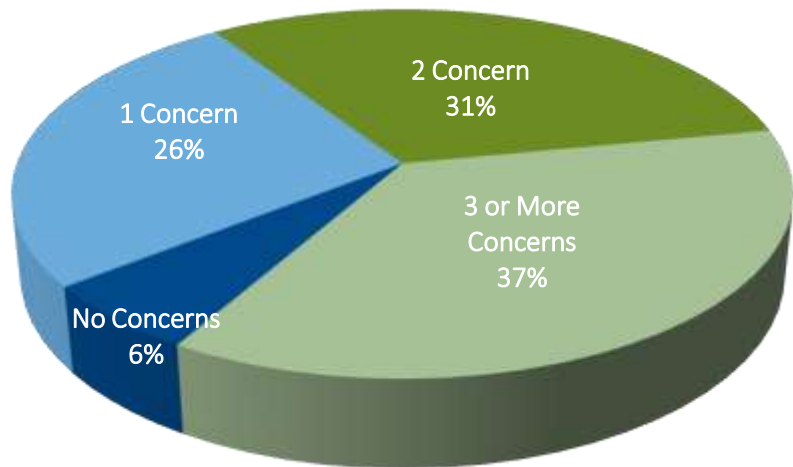
Patient Satisfaction



Documented Concerns



Documented Concerns



Most patients identified more than one survivorship concern.

Survivorship Sustainability

Total Cost per Patient

Billed Amount

Reimbursed Amount

Increasing difficult ...



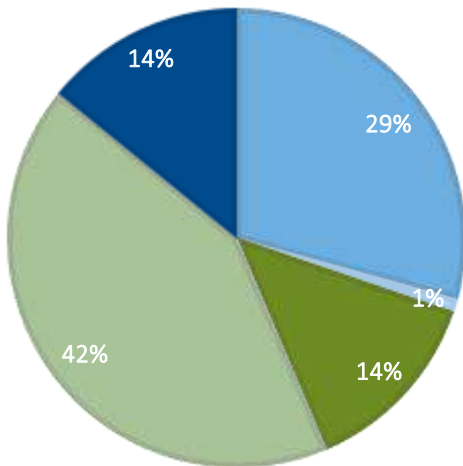
Cost and Reimbursement Challenges

	2011 *91 accounts	2015 *388 accounts
Cost	142	154
Billed Amount	273	232
Reimbursed Amount	151 (55%)	110 (39%) <i>(53% when adjusted to exclude accounts without a professional charge)</i>

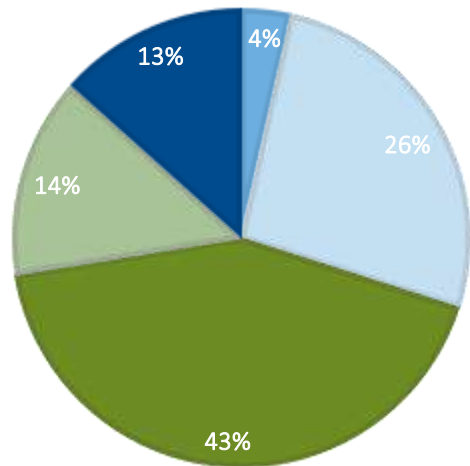
15% decrease in Billed Amount
 27% decrease in Reimbursement
 8.5 % increase in Cost (calculated at 2% per year)

Charge Distribution

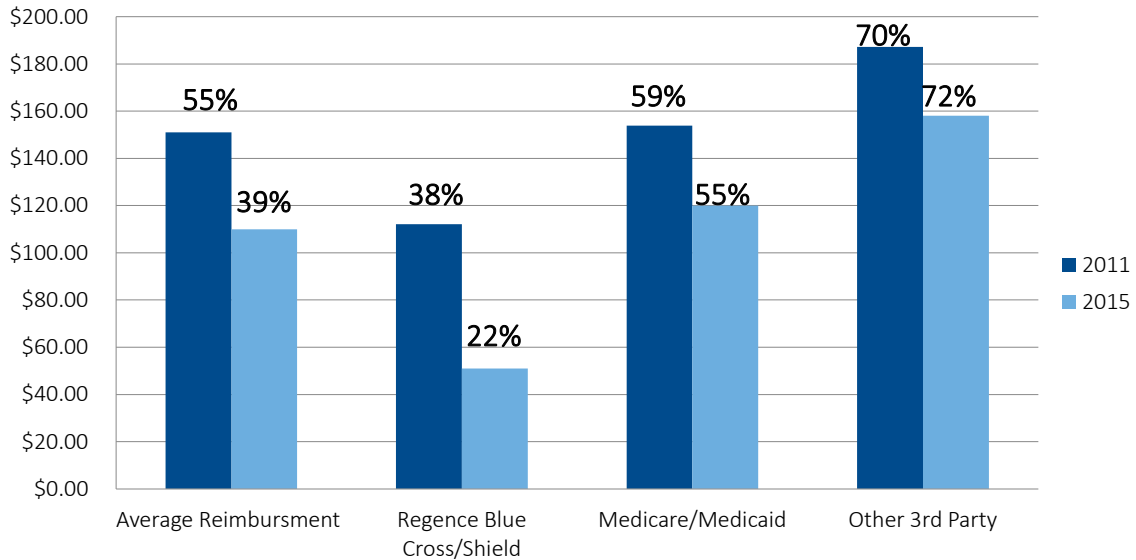
PROFESSIONAL FEE
 ■ No Charge ■ 99212 ■ 99213 ■ 99214 ■ 99215



FACILITY FEE
 ■ level 1 ■ level 2 ■ level 3 ■ level 4 ■ level 5



Financial Analysis for Return on Investment



Additional Opportunities

Referrals from the oncologist

Increased EMR efficiency

Charge and reimbursement audit to improve potential revenue

Improved Primary Care communication

Research!

Questions ???

Thank you!