# **ASCO Quality Training Program**

# Improving counseling on risk of infertility for patients with cancer at Johns Hopkins

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### Institutional Overview

- The Johns Hopkins Sidney Kimmel Cancer Center is located in Baltimore, MD and provides care for thousands of patients with diverse cancers each year.
- This project assessed care provided by physicians specializing in medical oncology and malignant hematology at five different outpatient centers at Johns Hopkins.



### Team members

- Laura Sena (Medical Oncology fellow)
- Ramy Sedhom (Medical Oncology and Palliative Care fellow)
- Arjun Gupta (Medical Oncology fellow)
- Susie Scott (Medical Oncology fellow)
- Amanda Kagan (Hematology fellow)
- Mindy Hsu (Medical Oncology fellow)
- Jenna Canzoniero (Medical Oncology fellow)
- Andrew Marple (Medical Oncology fellow)
- Maria Facadio Antero (Reproductive Endocrinology and Infertility fellow)
- Lauren Reschke (Reproductive Endocrinology and Infertility fellow)
- Mindy Christianson (Reproductive Endocrinology and Infertility faculty)
- Amin Herati (Urology faculty)
- Allen Chen (Pediatric Oncology faculty)
- Adam Binder (ASCO QTP Coach)



### Problem Statement

Between June 2019 and January 2020, only 37% (n=25/68) of patients of child-bearing potential at the Johns Hopkins Sidney Kimmel Cancer Center reported they were counseled by their oncologist on the risk of infertility prior to initiation of systemic therapy.



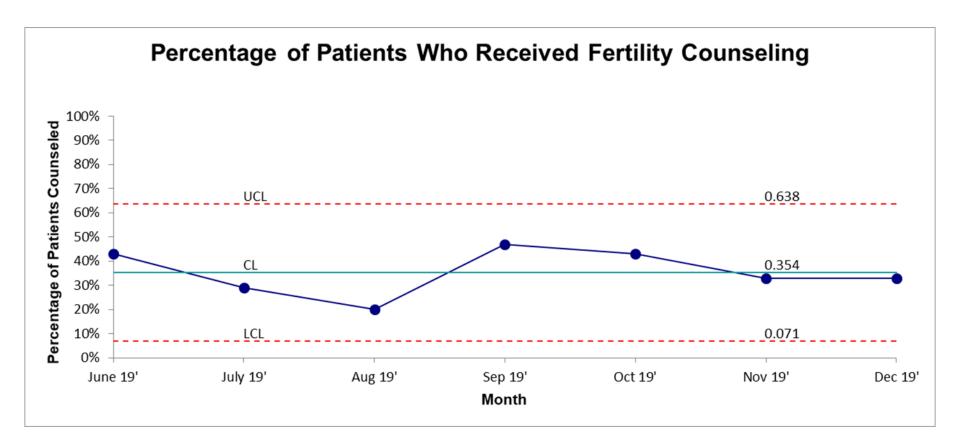
#### Outcome Measure

# Baseline data summary

Item	Description
Measure:	Percentage of patients who reported that they were counseled on the risk of infertility prior to initiation of systemic therapy
Patient population: (Exclusions, if any)	New patients seen at the SKCCC between June 2019 and January 2020 between age 18 and 40 with a new diagnosis of cancer and plan to receive systemic therapy.
Calculation methodology: (i.e. numerator & denominator)	Numerator = number of patients counseled Denominator = number of total patients that meet inclusion criteria
Data source:	Electronic medical record and patient phone calls
Data collection frequency:	Once
Data limitations: (if applicable)	Recall bias by patients

#### Outcome Measure

### Baseline data



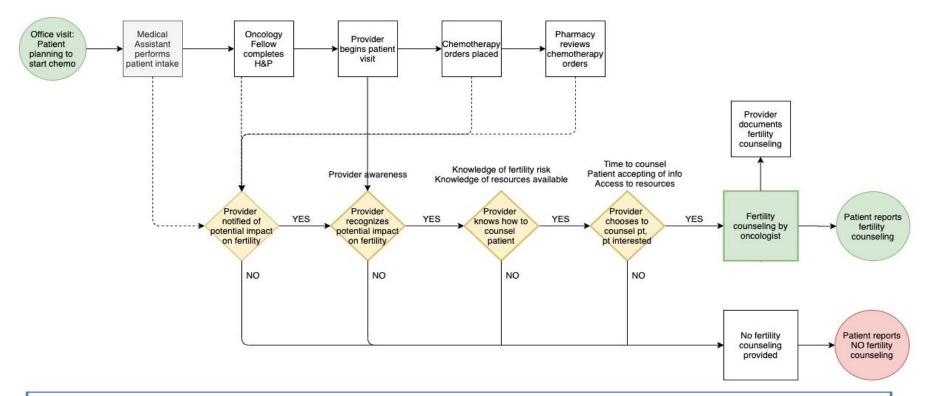


### Aim Statement

From June 1<sup>st</sup> through December 1<sup>st</sup> 2020, we will increase the rate of counseling on risk of infertility from 37% at baseline to a goal of 70% for patients of child-bearing potential with a new diagnosis of cancer and plan to receive systemic therapy.



### Process map

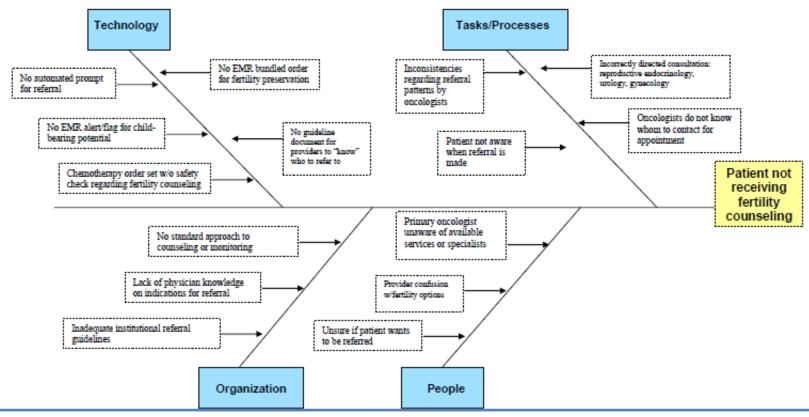


Key point = knowledge is key! Provider must know:

- That fertility counseling is important
- Which patients should receive counseling
- How to counsel on risk of infertility
- What are the next steps should the patient desire fertility preservation



# Cause and Effect diagram



Not utilizing EMR technology to optimize patient care

No institutional standard for patient referral

Poor provider knowledge regarding both fertility preservation & system processes



#### **Process Measure**

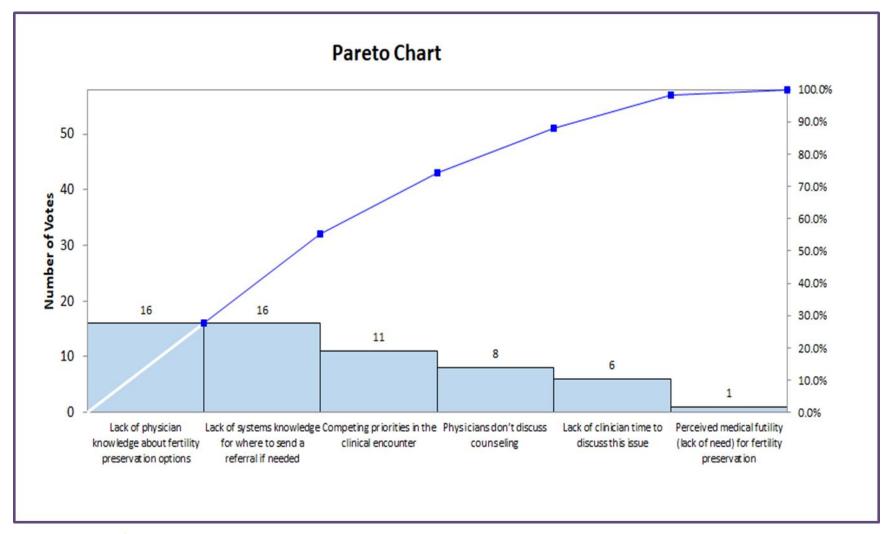
# Diagnostic Data summary

Item	Description
Measure:	Importance of various barriers to providing counseling
Surveyed population: (Exclusions, if any)	Attending oncology and malignant hematology physicians at JH SKCCC
Calculation methodology: (i.e. numerator & denominator)	Numerator = number of votes for a listed barrier Denominator = total number of votes for all barriers
Data source:	Emailed survey
Data collection frequency:	Once
Data limitations: (if applicable)	Participation/non-response bias



#### **Process Measure**

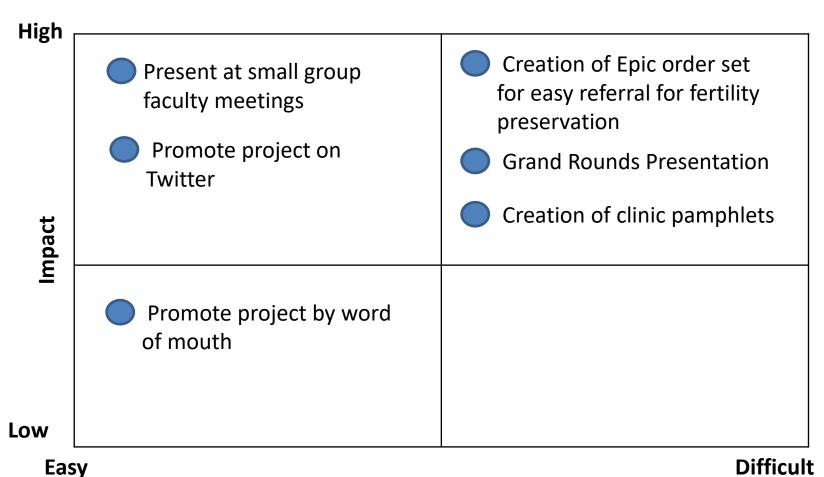
## Diagnostic Data





#### Priority / Pay-off Matrix

### Countermeasures



Ease of Implementation



#### Test of Change

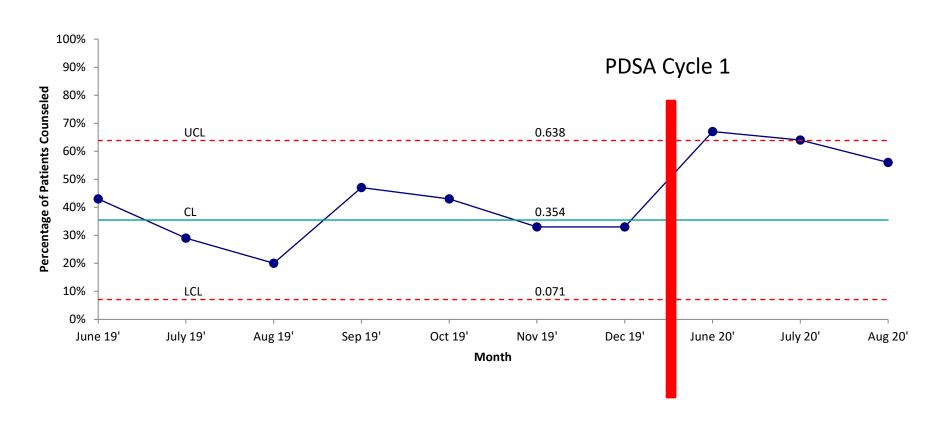
# PDSA Plan

Date	PDSA Description	Result
1/2020-6/2020	<ul> <li>Presented at malignant hematology faculty meeting</li> <li>Several tweets about project (re-Tweeted by our fellowship program)</li> <li>Word-of-mouth publicity</li> </ul>	The percentage of patients counseled increased from 37% to 61%.
9/2020	<ul> <li>Epic Order Set for easy referral of oncology patients for fertility preservation has been created</li> <li>Clinic Pamphlets have been created</li> <li>QI Group will present at Oncology Grand Rounds 9/25/20 in conjunction with REI and Urology for provider education and roll-out of order set and clinic pamphlet</li> </ul>	TBD
10/2020-	Sustainability Plan	

#### Outcome Measure

### **Change Data**

#### **Percentage of Patients Who Received Fertility Counseling**





#### Next steps

# Sustainability Plan

Steps	Owner
1. Reassessment of rates of fertility counseling	Laura Sena
2. Ongoing publicity of this initiative via social media	Arjun Gupta
3. Increase fellow curriculum on fertility preservation for oncology patients	Susie Scott
4. Initiation of QI project by REI fellows on patient access to fertility preservation after referral by oncology	Lauren Reschke



### Conclusions

- 1. Publicizing that our clinics have a low rate of counseling on risk of infertility seemed to improve rates of counseling.
- 2. We anticipate that more improvement and more sustained improvement will be seen after we address a major systems problem that there is currently no fast and easy way to refer for fertility preservation.
- 3. Moreover we will support provider education through a Grand Rounds presentation and both provider and patient education through clinic pamphlets.