



AMERICAN SOCIETY OF CLINICAL ONCOLOGY
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Improving Utilization of Supportive Care Resources and Palliative Care Medicine Consultations for Newly Diagnosed Glioblastoma Patients

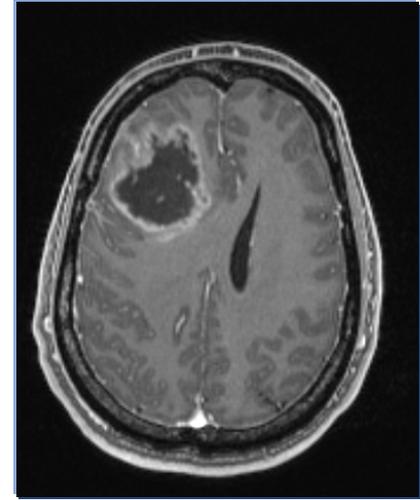
Katherine B. Peters, MD PhD FAAN and Jungyoung Kim, DNP, APRN, ANP

Preston Robert Tisch Brain Tumor Center, Duke University

June 18th, 2021

Problem Statement

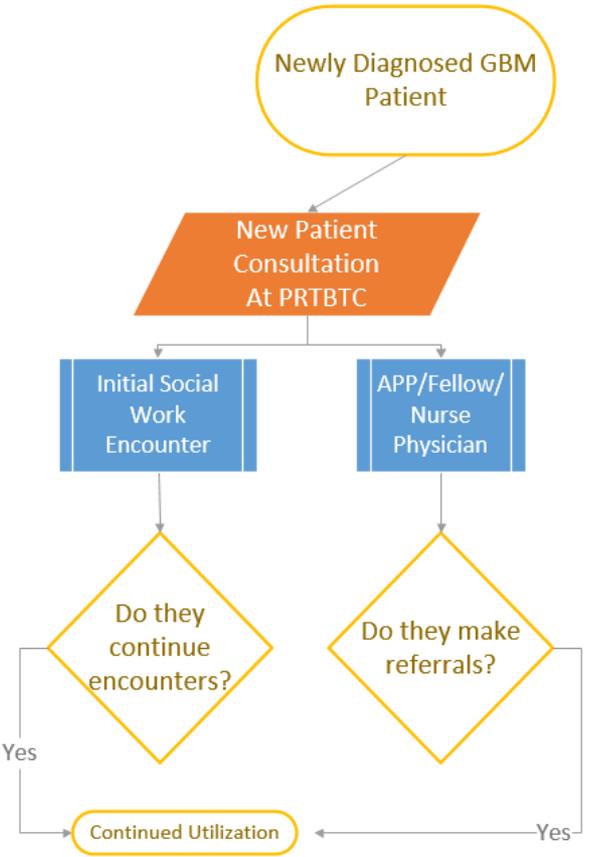
- At PRTBTC and Duke Cancer Institute, we have multiple available supportive care resources. These include dedicated social workers, a child-life specialist, neuropsychologist, neuropsychiatrist, and palliative care medicine providers.
- We reviewed records of newly diagnosed GBM patients seen for initial consultation between January 1, 2020, and February 28, 2020. Twenty-two patients were identified.
- ***Despite the availability of supportive care resources, only 32% of newly diagnosed GBM patients utilized these resources, and 9% of newly diagnosed GBM received a palliative care medicine consultation.***



*Glioblastoma, WHO grade IV
Most common malignant brain
tumor in adults
Median overall survival 14-16 months
Patients experience significant neurological
and psychiatric complications and resultant
impaired quality of life.*

Process Map

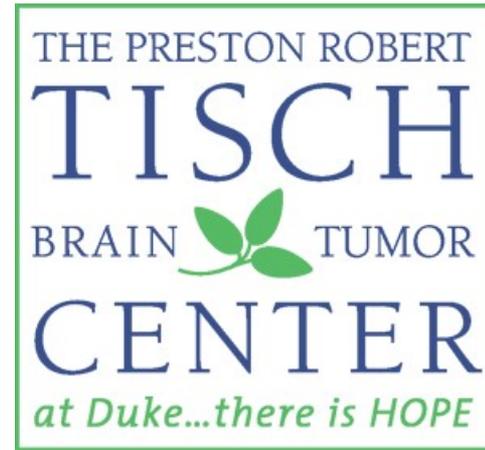
Our patients are not continuing to have social work encounter despite initial social work assessment.



Our providers are not referring to supportive care and palliative care services.

Institutional Overview

- The Preston Robert Tisch Brain Tumor Center (PRTBTC) was one of the first brain tumor research and clinical programs in the United States
- Our center sees up to 800 new adult brain tumor patients and up to 75 new pediatric brain tumor patients per year from across the country and around the world.
- In addition to therapeutic options and clinical trials, the PRTBTC offers multiple supportive care resources and these include dedicated social workers, a child-life specialist, neuropsychologist, neuropsychiatrist, and palliative care medicine providers.



Team Members



Katherine B. Peters MD PhD FAAN
Director of Supportive Care



Jungyoung Kim, DNP, APRN, ANP
Advanced Practice Team Lead

Auxiliary Team Members

- PRTBTC supportive care research committee consists of a team of providers, research staff, biostatisticians, and administrators committed to improving the quality of life for brain tumor patients and their caregivers and promotion of supportive care research.



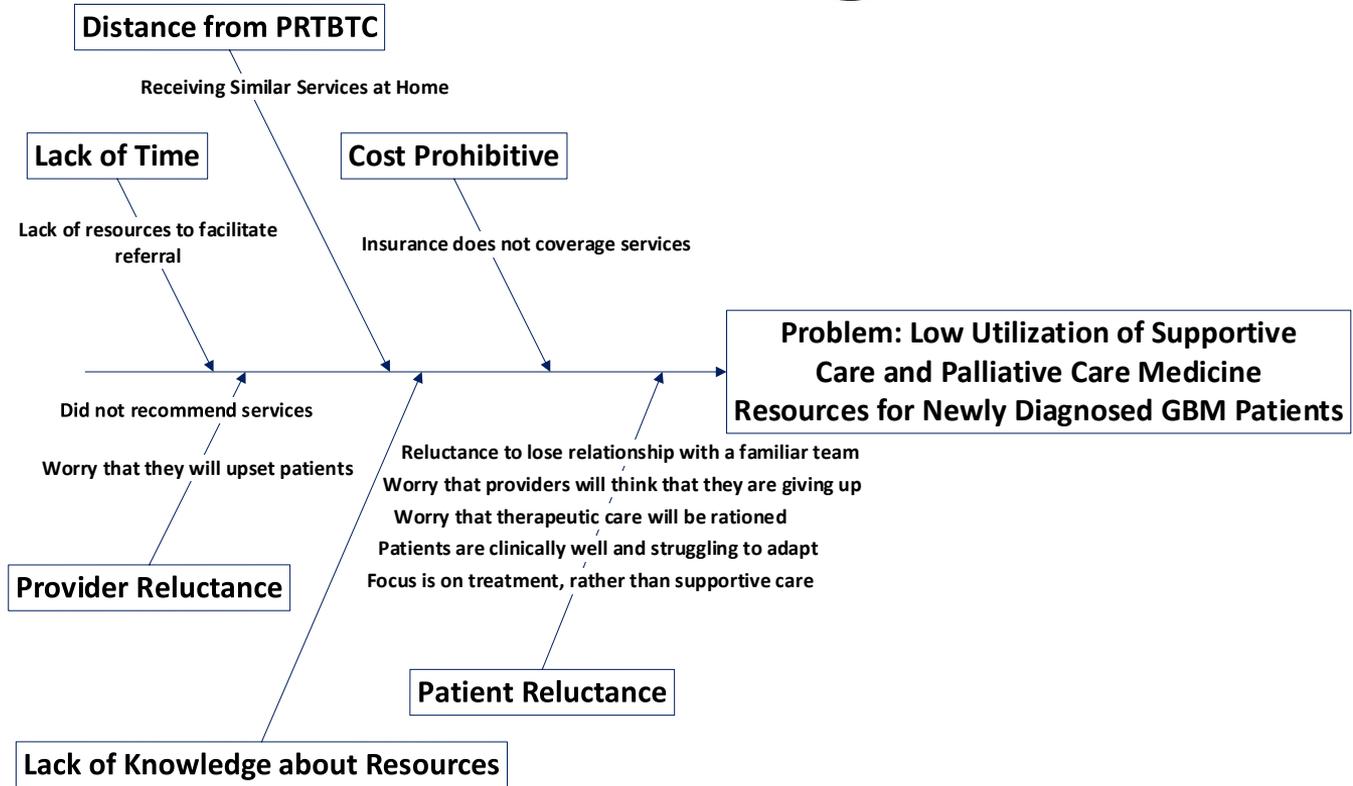
Supportive Care Research Committee

- Director: Katy Peters
- Co-Director: Mary Lou Affronti
- Regulatory/Clinical Trial and Coordination/Data: Sarah Woodring, Elizabeth Miller, Erin Severance, Eric Lipp, Kendra Boyd, Nicole Cort
- Biostatistics: James Herndon, Evan Buckley, Luis Ramirez, Gloria Broadwater
- Pharmacy: Mallika Patel
- School of Nursing: Deborah Allen
- Social Workers, Child Life Specialist, Neuropsychologist, Neuropsychiatrist.
- Stakeholders→ defined as principal investigators or sub investigators with a vested interest in the development, organization, and improvement of the Supportive Care Research Committee: Katy Peters, Mary Lou Affronti, Maggie Johnson, Jung Young Kim, Mallika Patel



Our Coach, Dr. Ashraf Mohamed and the entire ASCO QTP Team

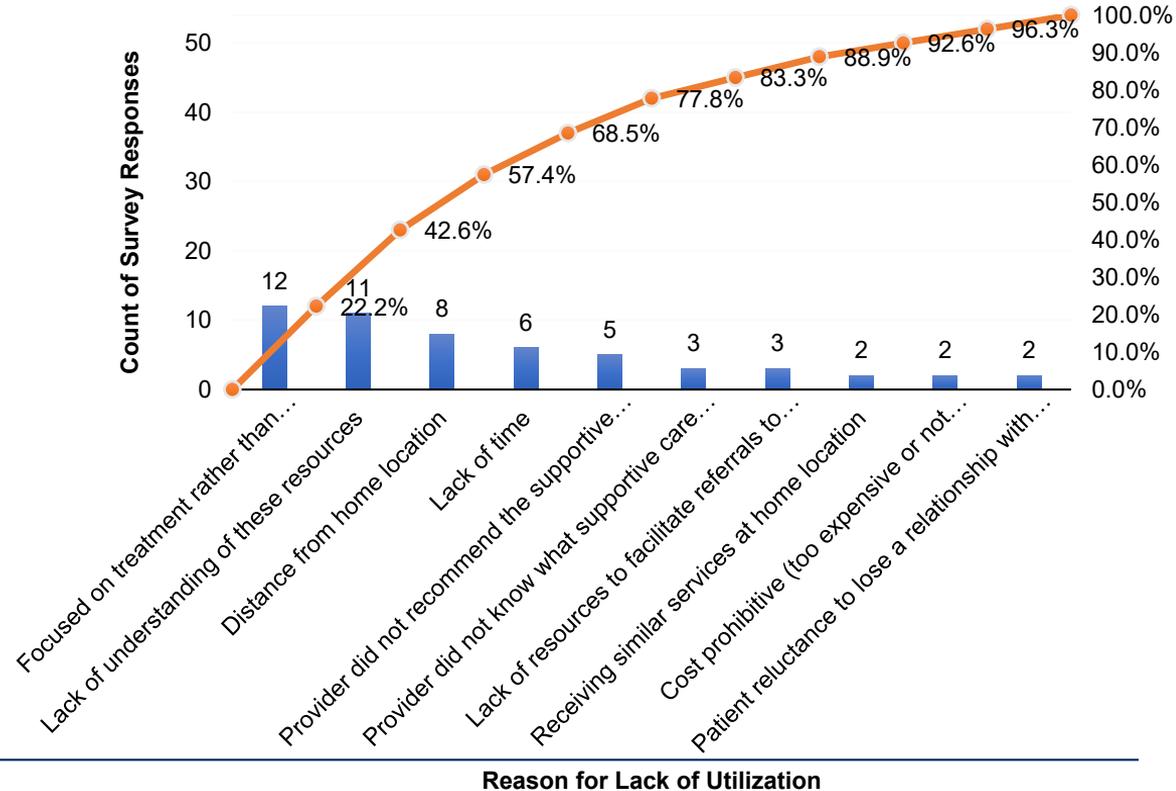
Cause & Effect Diagram



Diagnostic Data

- Lack of time
- Distance from home location
- Lack of understanding about these resources
- Receiving similar services at home location
- Focused only on treatment rather than supportive care
- Provider did not recommend the supportive care services
- Providers do not know what supportive care services are
- Cost prohibitive (too expensive or not covered by insurance)
- Lack of resources to facilitate referrals to supportive care services
- Patient reluctance to lose a relationship with a familiar team
- Other

PRTBTC Supportive Care Research Committee Survey Responses



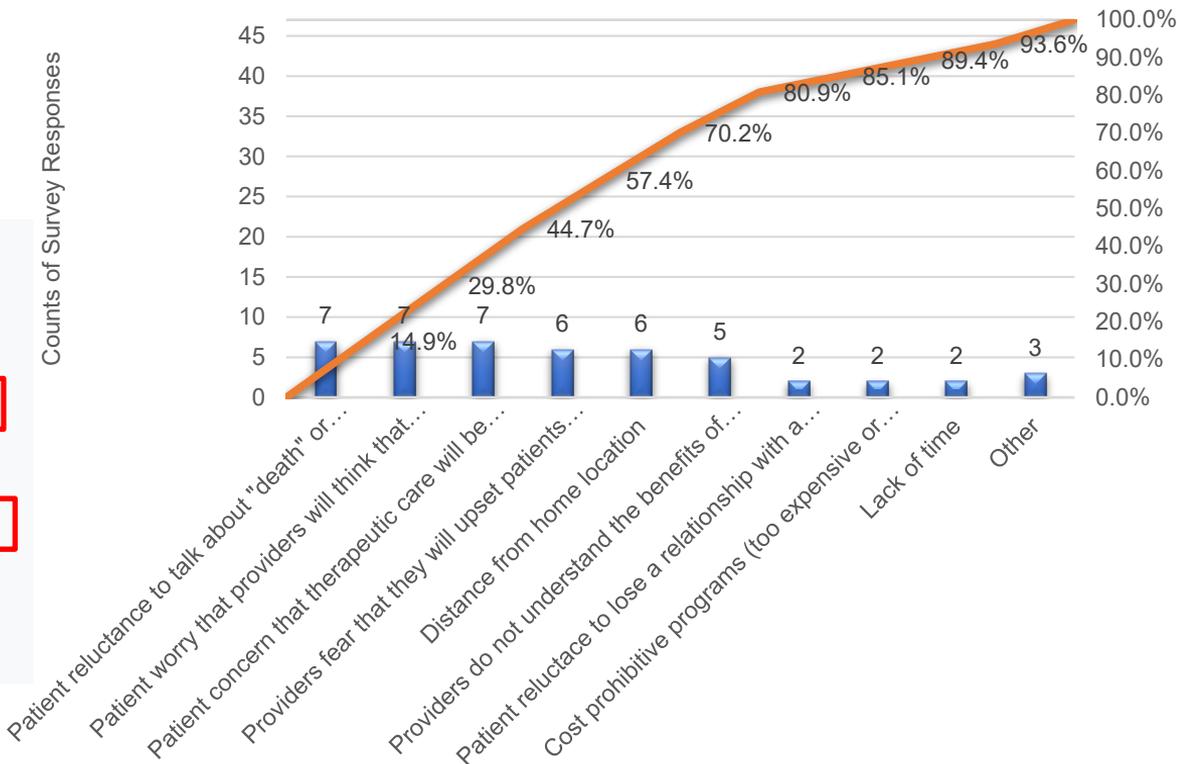
Diagnostic Data



- Providers fear that they will upset patients and caregivers
- Providers do not understand the benefits of the referral
- Patient reluctance to talk about "death" or "dying"
- Patient reluctance to lose a relationship with a familiar team
- Patient worry that providers will think that they are giving up
- Cost prohibitive programs (too expensive or not covered by insurance)
- Lack of resources to facilitate referrals to palliative care medicine
- Patient concern that therapeutic care will be rationed if they go to palliative care medicine
- Providers do not know what palliative care medicine is
- Lack of time
- Distance from home location
- Other



PRTBTC Supportive Care Research Committee Survey Responses



Reasons for Lack of Utilization

Aim Statement

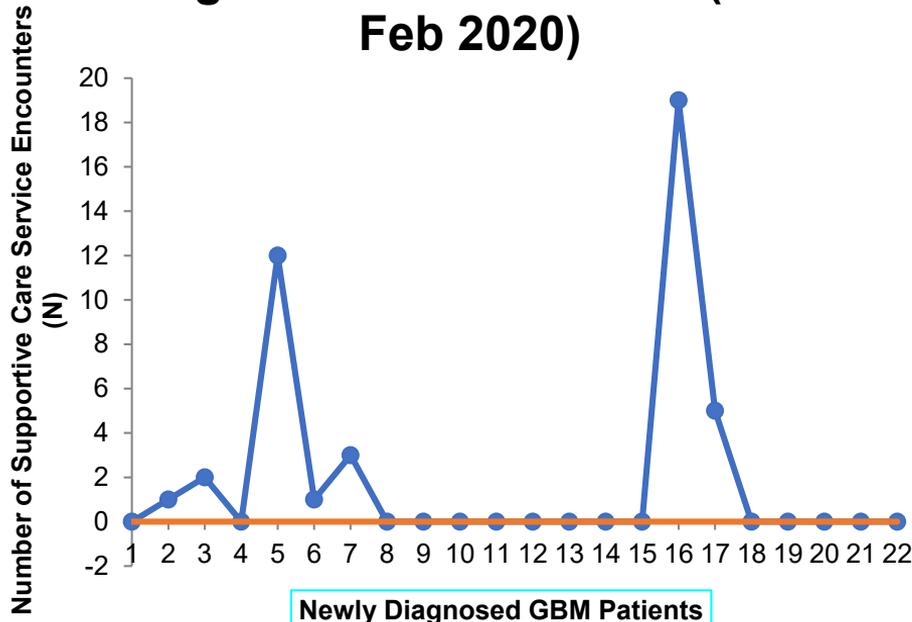
- Our specific aim is to increase the utilization of supportive care services and palliative care medicine consultations for newly diagnosed glioblastoma patients.
- Our goal is to increase the percentage of encounters for both supportive care services and palliative care medicine by 30% between March 2021-December 2021.
- Our focus for today will be March 2021-April 2021.

Measures

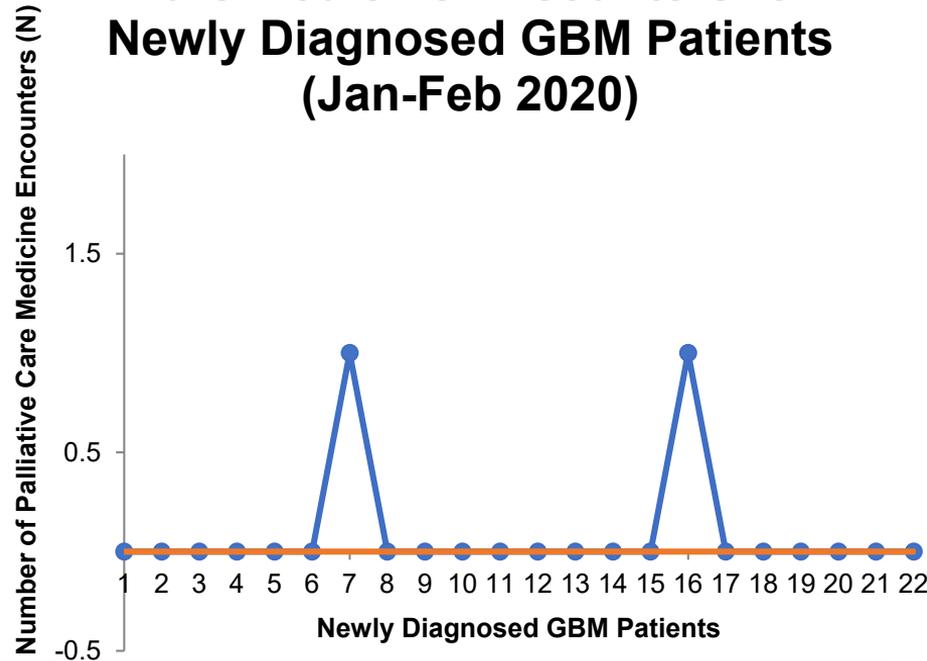
Item	Description
Measure:	Supportive care encounter and palliative care medicine encounters
Patient population: <i>(Exclusions, if any)</i>	Newly Diagnosed Glioblastoma Patients (IDH wildtype)
Calculation methodology: <i>(i.e. numerator & denominator)</i>	Numerator 1=Supportive Care Encounter Numerator 2=Palliative Care Medicine Encounter Denominator=Number of Patients
Data source:	Electronic medical record (EPIC)
Data collection frequency:	January 1, 2020-February 28, 2020 for baseline March 1, 2021-April 12, 2021 for change
Data limitations: <i>(if applicable)</i>	Only included services at the PRTBTC. Did not include local services

Baseline Data

PRTBTC: Number of Supportive Care Encounters for Newly Diagnosed GBM Patients (Jan-Feb 2020)



PRTBTC: Number of Palliative Care Medicine Encounters for Newly Diagnosed GBM Patients (Jan-Feb 2020)



Materials Developed

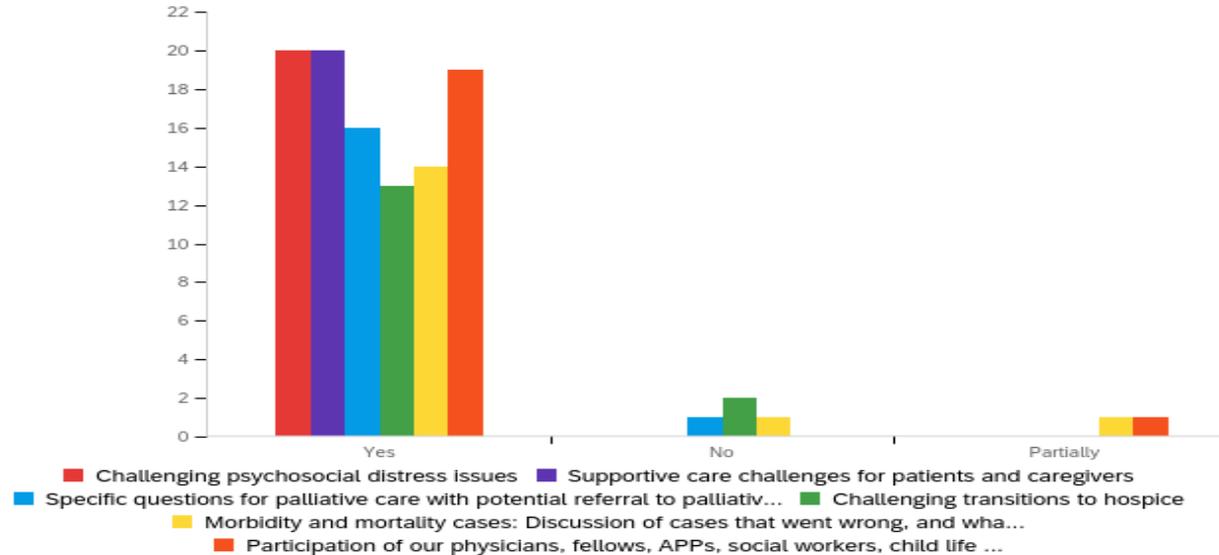
- To increase the utilization of supportive care services and palliative care medicine consultations for our newly diagnosed glioblastoma patients, we propose the development of an integrative neuro-oncology conference.
 - We aim for the participation of our physicians, fellows, advanced practice providers, social workers, child life specialists, neuropsychologists, palliative care team, neuropsychiatry team, clinical pharmacists, nursing staff, and other staff members.
 - The objective of the meeting would be to discuss a few (1-3) patient cases focused on the following:
 - A. Challenging psychosocial distress issues
 - B. Supportive care challenges for patients and caregivers
 - C. Specific questions for palliative care with potential referral to palliative care
 - D. Challenging transitions to hospice
 - E. Morbidity and mortality cases: discussion of cases that went wrong, and we want to discuss what we could have done better for the patients and caregivers.
-

PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
April 26, 2021	Survey	20 responses (out of 48 attendees) Positive Responses	Repeat Survey
May 28, 2021	Survey	7 responses (out of 20 attendees) Positive Responses (lower number of attendees)	Increase Attendance, Discussed Increased Emails about Conference
July 2021 (TBD)	Survey	TBD	TBD

Conference and Post-Survey

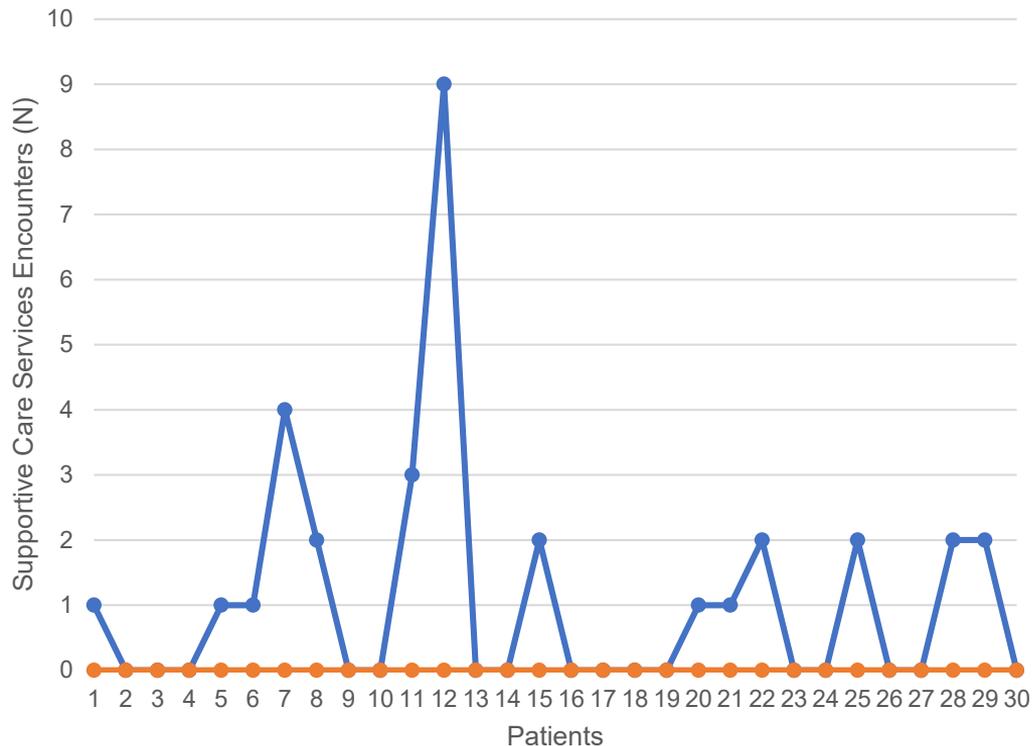
- Conference was held in April 2021-May 2021 for a total of three sessions.
- A total of six cases were discussed (2 cases per conference).
- Notes were taken about the cases and recorded in a log. Surveys were performed after the conferences to assess whether goals were met.



Change Data

- Prior to intervention, only 31.8% of newly diagnosed GBM patients has continued utilization of supportive care services.
- After the intervention, 46.7 % of newly diagnosed GBM patients had continued utilization of supportive care services.
- Palliative care medicine consultations remained under-utilized (N=0).

PRTBTC: Number of Supportive Care Encounters for Newly Diagnosed GBM Patients (March-April 2021)



Conclusions

- The number of supportive care encounters increased for newly diagnosed GBM patients increased **by 15%**, but we were aiming to increase by 30%.
- Our utilization of palliative care medicine consultations remain very low and we need to look at strategies to improve the utilization of this important service for our newly diagnosed GBM patients.

“GAPP Study: Global Assessment of the Palliative Care Perception in Primary Brain Tumor Population”-Dr. Margaret Johnson and Jungyoung Kim (lead authors), abstract submitted to Society of Neuro-Oncology Meeting 2021

Next Steps/Plan for Sustainability

- We plan to continue our efforts for the Integrative Neuro-Oncology Conference monthly.
- We need to identify challenges and barriers to palliative care medicine consultations for our patients.
- We will continue to obtain data on encounters for both supportive care services and palliative care medicine consultations between May 2021-December 2021.
- Another goal would be to implement this conference at the societal level and has the potential to be multi-institutional.

Acknowledgements

Patients and Caregivers at PRTBTC

Supportive Care Research Committee

Angels Among Us

Our Coach, Dr. Ashraf Mohamed, Director of Quality Improvement and Clinical Operations at Cook Children's Hematology/Oncology

Presentation is in honor of our late colleague, Dr. Dina Randazzo



Angels Among Us

Celebrating HOPE in the Fight Against Brain Cancer



Improving Utilization of Supportive Care Resources and Palliative Care Medicine Consultations for Newly Diagnosed GBM Patients

AIM: To increase the utilization of supportive care services and palliative care medicine consultations by 30% for newly diagnosed GBM patients between March 2021 to December 2021

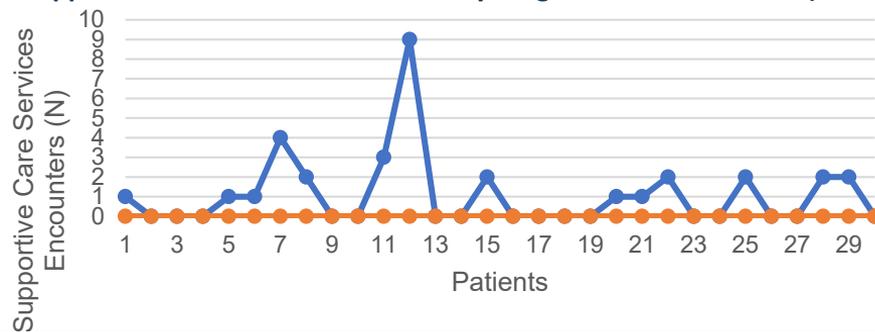
INTERVENTION: To increase the utilization of supportive care services and palliative care medicine consultations for our newly diagnosed glioblastoma patients, we propose the development of an integrative neuro-oncology conference.

We aim for the participation of our physicians, fellows, advanced practice providers, social workers, child life specialists, neuropsychologists, palliative care team, neuropsychiatry team, clinical pharmacists, nursing staff, and other staff members.

TEAM: Katherine B. Peters and Jungyoung Kim (Department of Neurosurgery, Division of Medical Neuro-Oncology)

PROJECT SPONSORS: David M. Ashley, MBBS, Director of Preston Robert Tisch Brain Tumor Center

RESULTS: Number of Supportive Care Encounters for Newly Diagnosed GBM Patients (March to April 2021)



CONCLUSIONS: The number of supportive care encounters increased for newly diagnosed GBM patients increased **by 15%**, but we were aiming to increase by 30%. Palliative care medicine consultations remains very low.

NEXT STEPS: We plan to continue our efforts for the Integrative Neuro-Oncology Conference monthly. We need to identify challenges and barriers to palliative care medicine consultations for our patients.