

ASCO Quality Training Program

Increasing the Percentage of Stage IV Cancer Patients Who See a Palliative
Care Provider Within 8 Weeks of Initial Consult With Medical Oncology

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Minnesota Oncology

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Institutional Overview



MINNESOTA ONCOLOGY

- Independent, community-based outpatient oncology practice with 12 locations across the St. Paul/Minneapolis metro and surrounding areas.
 - 11 locations: full-service oncology care
 - 1 location: Plastic Surgery, Breast Surgery Specialists & High Risk Breast Clinic
- Serving primarily adult patients with hematologic, oncologic, and other non-malignant diagnoses
- 50 Physicians
- 41 Advanced Practice Providers
- Specialties:
 - Medical Oncology
 - Hematology
 - Radiation Oncology
 - Surgery (Gyn, Breast, Thoracic, Plastics)
 - Palliative Care (1 Physician, 2 APPs)
 - Genetic Counseling & High Risk Breast Clinic

Team members

Role	Name	Job Function
Team Leader	Rajini Katipamula-Malisetti, MD	Medical Oncologist, Quality Medical Director, VP of Medical Oncology
Core Team Member	Alice Francis, MBA	Quality Program Manager
Core Team Member	Danna Renner, MSN, APRN-CNS, ACS-BC	Palliative Care APP
Core Team Member	Mayar Ali	Data Analyst
Project Sponsors	Emily Schafhauser, MD Jay Scott	Palliative Care Lead Physician Director of Managed Care
Coach	Ashraf Mohamed, MD	ASCO QTP Coach

Problem Statement

In 2021, across Minnesota Oncology's 11 clinic locations, the mean of Stage IV cancer patients seen by a palliative care provider within 8 weeks of their initial consult with their medical oncology provider was 21.47% leading to poor symptom control, decreased patient and caregiver satisfaction, and increased costs associated with ER visits and hospitalizations.

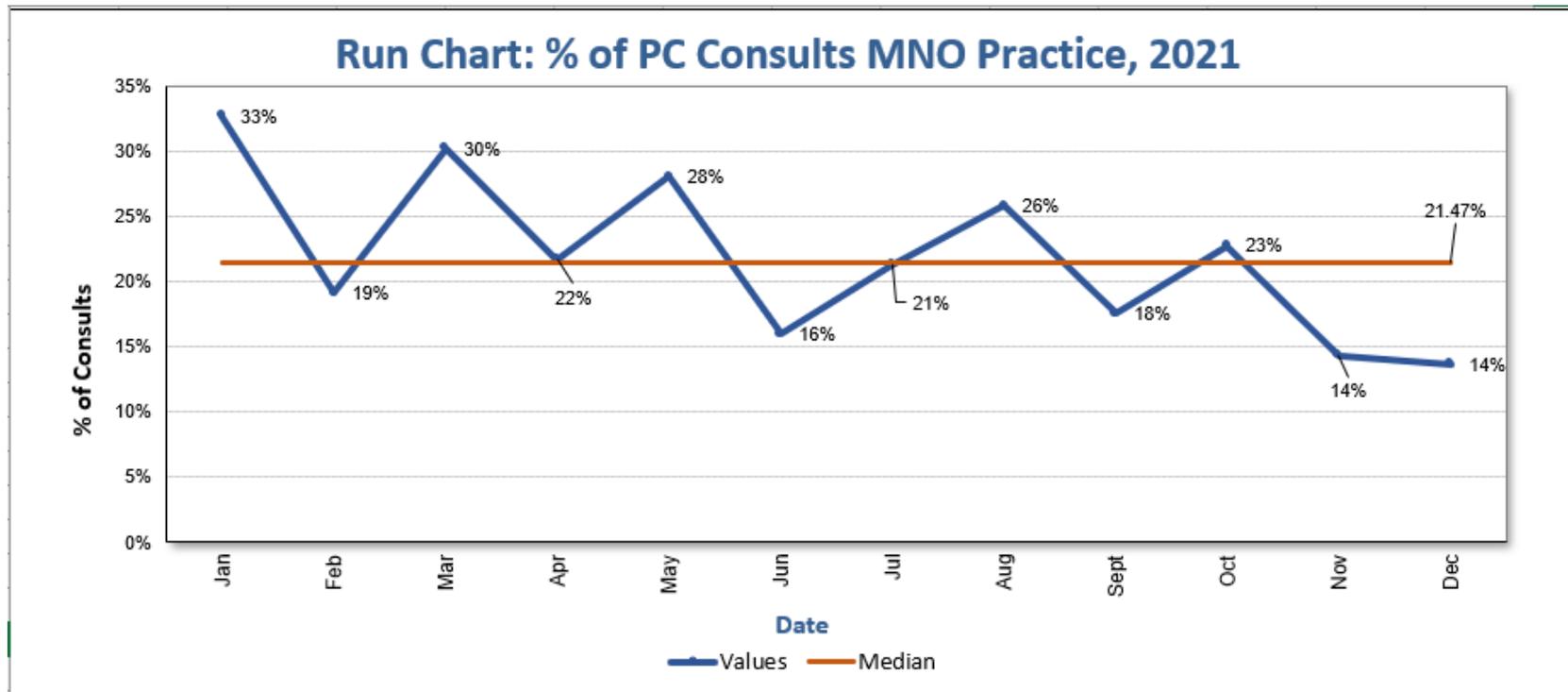
Outcome Measure

Baseline data summary

Item	Description
Measure:	Percentage of new Stage IV cancer patients seen by Palliative Care within 8 weeks of their initial consult with Medical Oncology.
Patient population: <i>(Exclusions, if any)</i>	New Stage IV Cancer Patients Exclusion: Patients who have not had 2 or more e/m visits
Calculation methodology: <i>(i.e. numerator & denominator)</i>	Numerator: New Stage IV cancer patients seen by Palliative Care within 8 weeks of their initial consult with Medical Oncology. Denominator: New Stage IV cancer patients seen in consultation by Medical Oncology.
Data source:	Practice Management System: AthenaIDX EMR: iKnowMed G2
Data collection frequency:	Monthly (2021), Semi-Monthly (2022)
Data limitations: <i>(if applicable)</i>	Staging not documented in discreet data fields in EMR. Difficulty capturing new patients seen 1 st in hospital vs. clinic

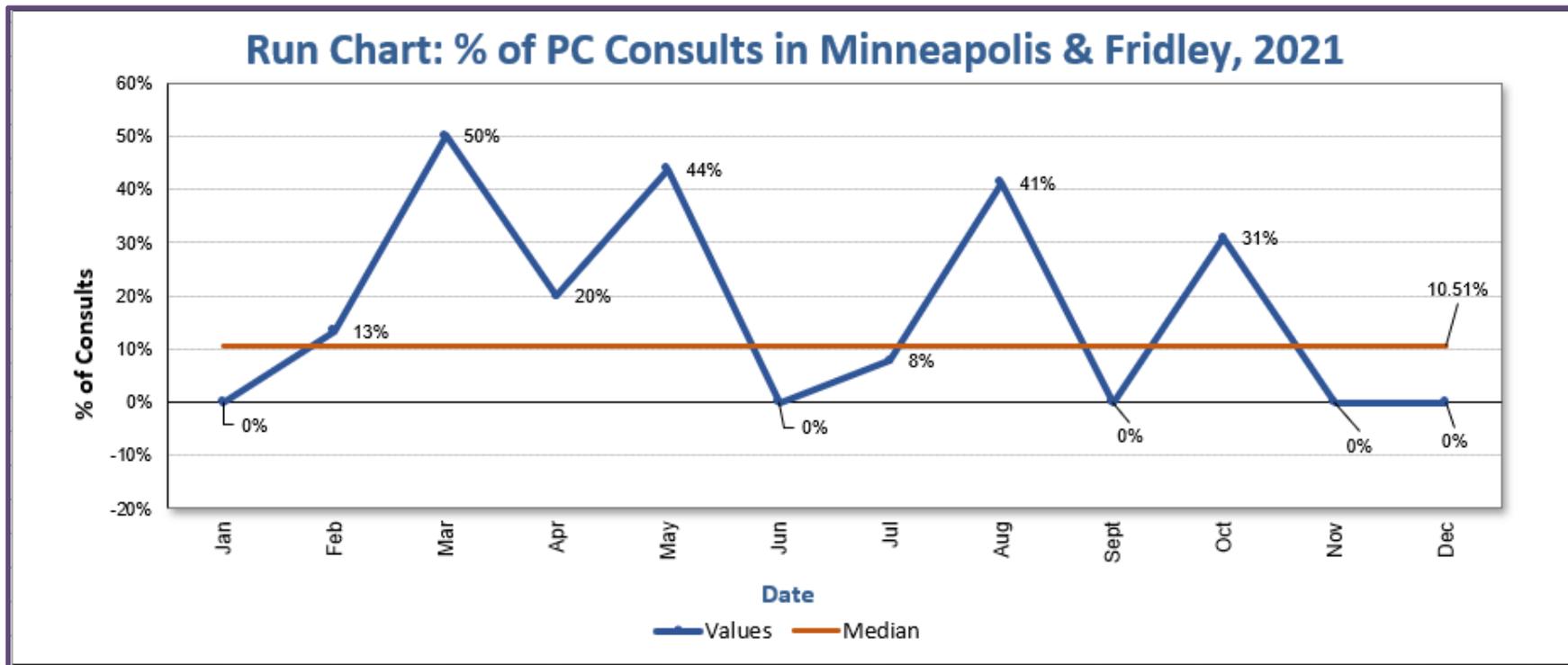
Outcome Measure

Baseline data: All MN Oncology



Outcome Measure

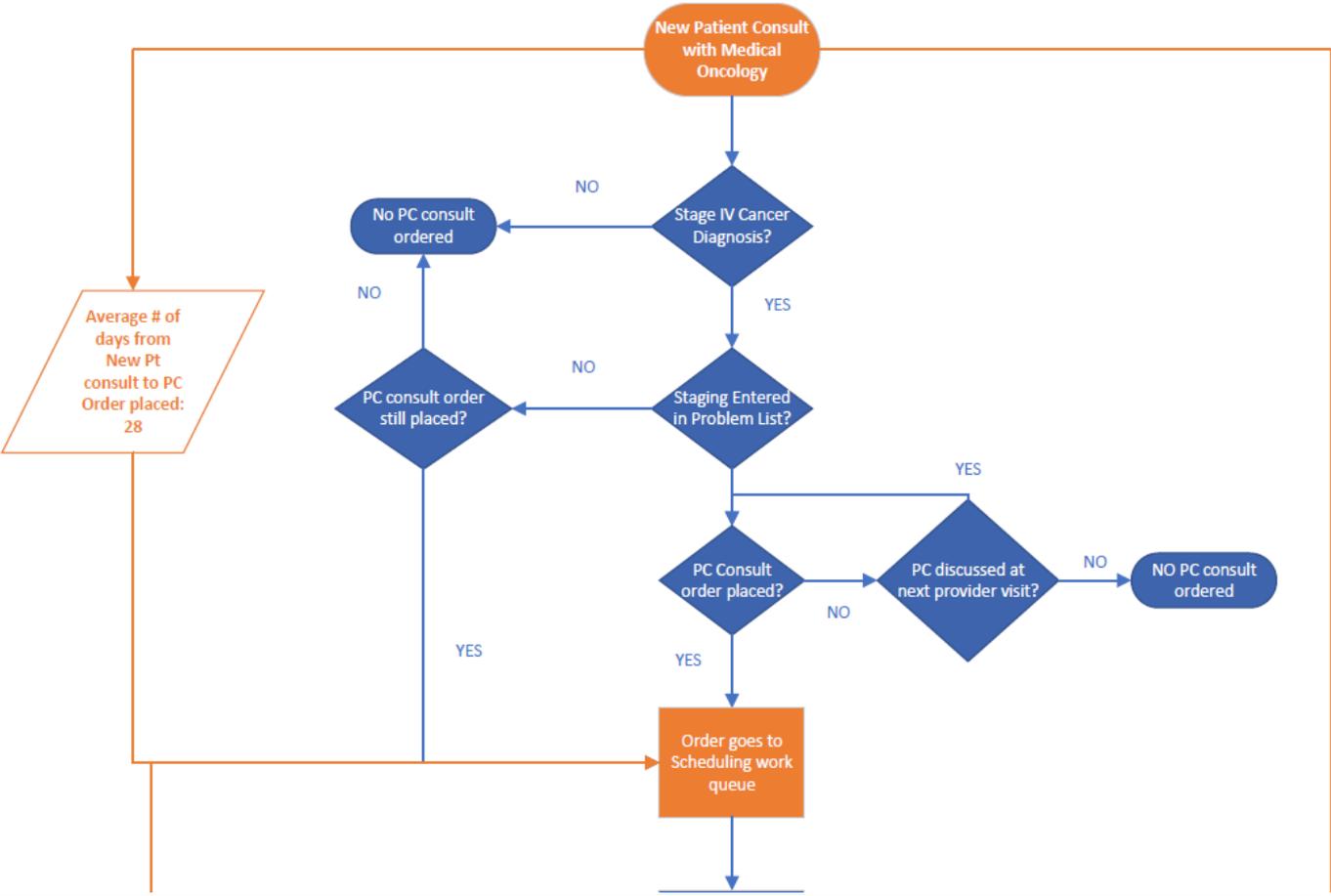
Baseline data: Minneapolis & Fridley Locations

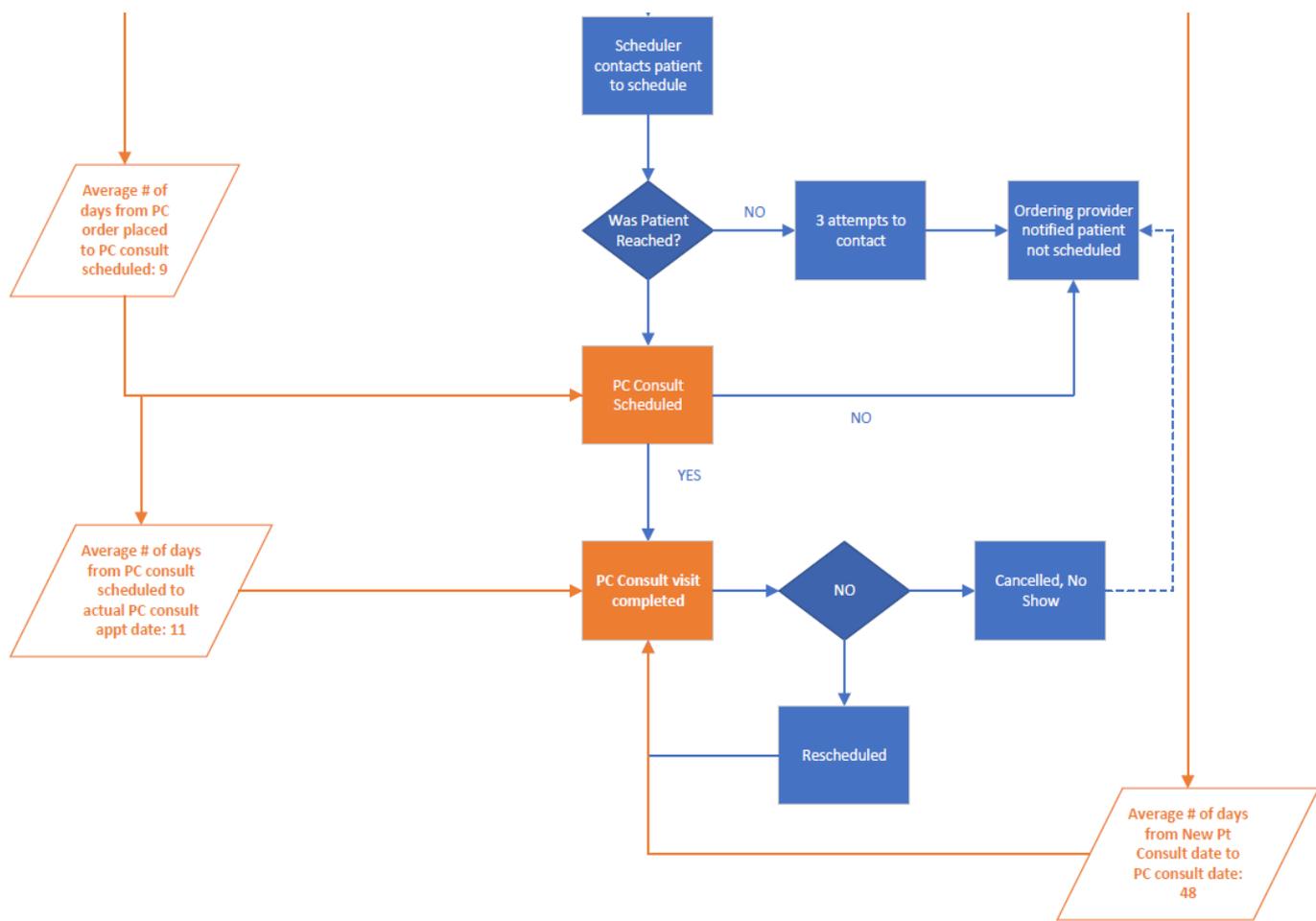


Aim Statement

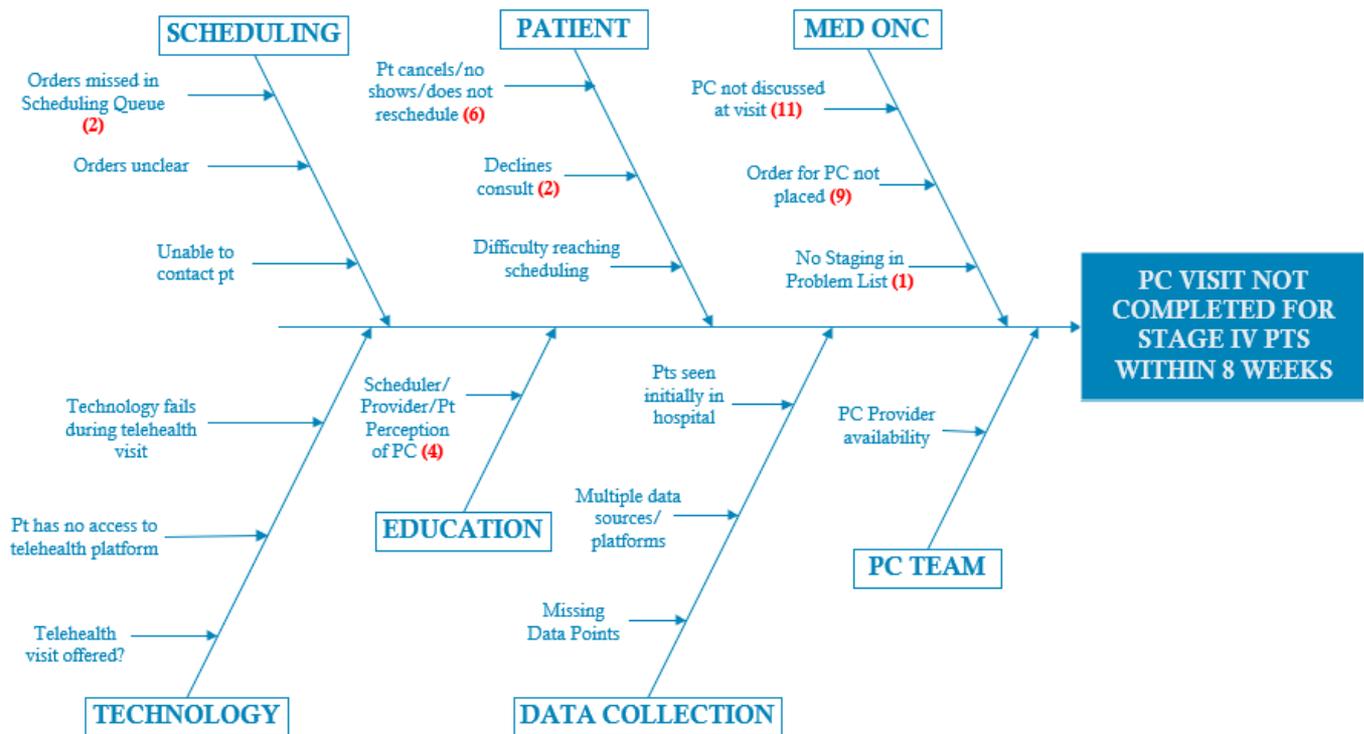
By December 2022, we will increase the mean of Stage IV cancer patients seen by a palliative care provider within 8 weeks of initial consult with their medical oncology provider from 10.5% to 40% at two of the lowest performing clinic locations (Fridley and Minneapolis).

Process map

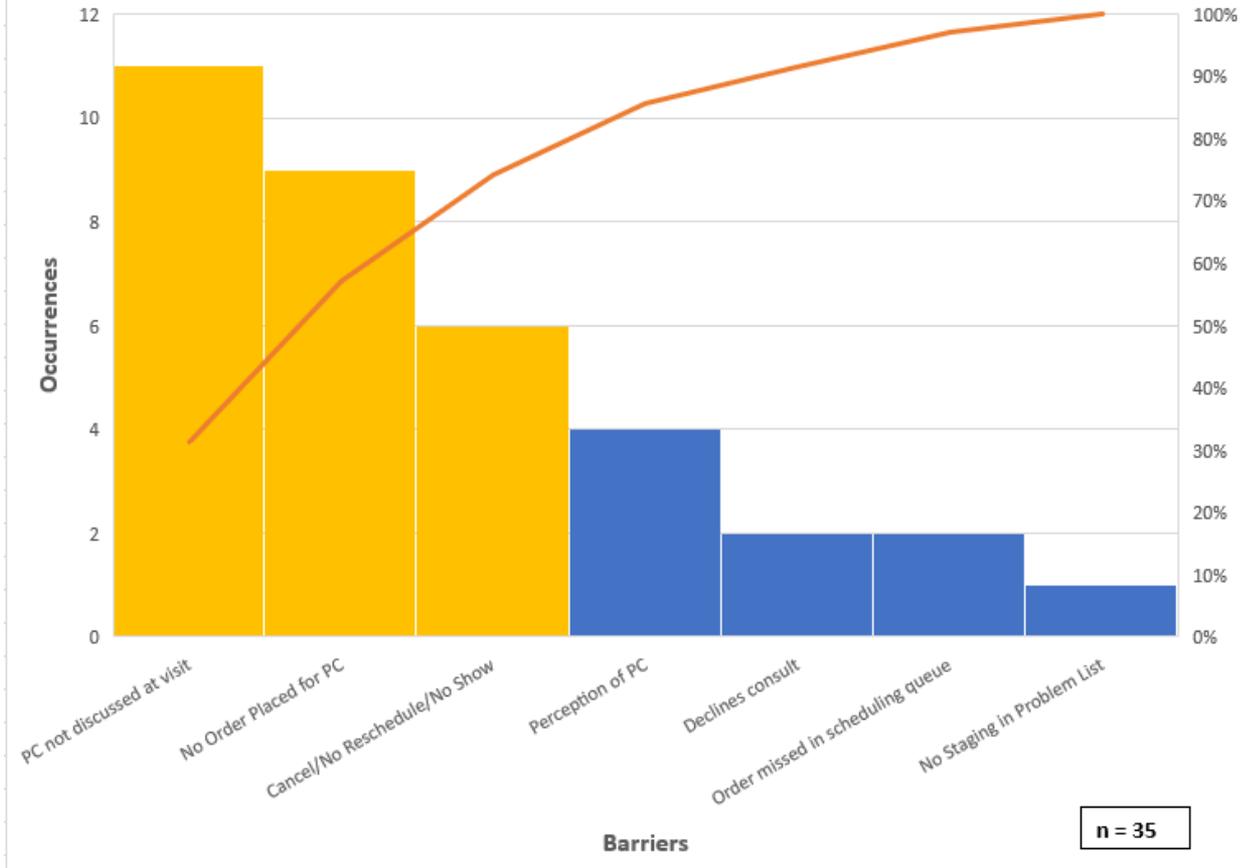




Factors contributing to Stage IV cancer patients not being seen by Palliative Care within 8 weeks of initial consult with Med Onc



Pareto Chart of barriers to getting patient seen by Palliative Care



Process Measure

Diagnostic Data summary

Item	Description
Measure:	Referral Rate of Stage IV Cancer Patients to Palliative Care
Patient population: <i>(Exclusions, if any)</i>	New Stage IV Cancer Patients Exclusion: Patients who have not had 2 or more e/m visits
Calculation methodology: <i>(i.e. numerator & denominator)</i>	Numerator: New Stage IV Cancer Patients that have an order for Palliative Care consultation in their chart in the EMR. Denominator: New Stage IV Cancer patients seen in consultation by Medical Oncology
Data source:	Practice Management System: AthenaIDX EMR: iKnowMed G2
Data collection frequency:	Semi-Monthly
Data limitations: <i>(if applicable)</i>	Staging not documented in discreet data fields in EMR. Difficulty capturing new patients seen 1 st in hospital vs. clinic

Process Measure

Diagnostic Data summary

Item	Description
Measure:	Rate of Stage IV Cancer Pts who No Show or Cancel PC Consult
Patient population: <i>(Exclusions, if any)</i>	New Stage IV Cancer Patients with a scheduled PC consult
Calculation methodology: <i>(i.e. numerator & denominator)</i>	Numerator: New Stage IV Cancer Patients that have a scheduled PC consult and no show or cancel the visit. Denominator: New Stage IV Cancer patients that have a scheduled PC consult
Data source:	Practice Management System: AthenaIDX EMR: iKnowMed G2
Data collection frequency:	Semi-Monthly
Data limitations: <i>(if applicable)</i>	n/a

Process Measure

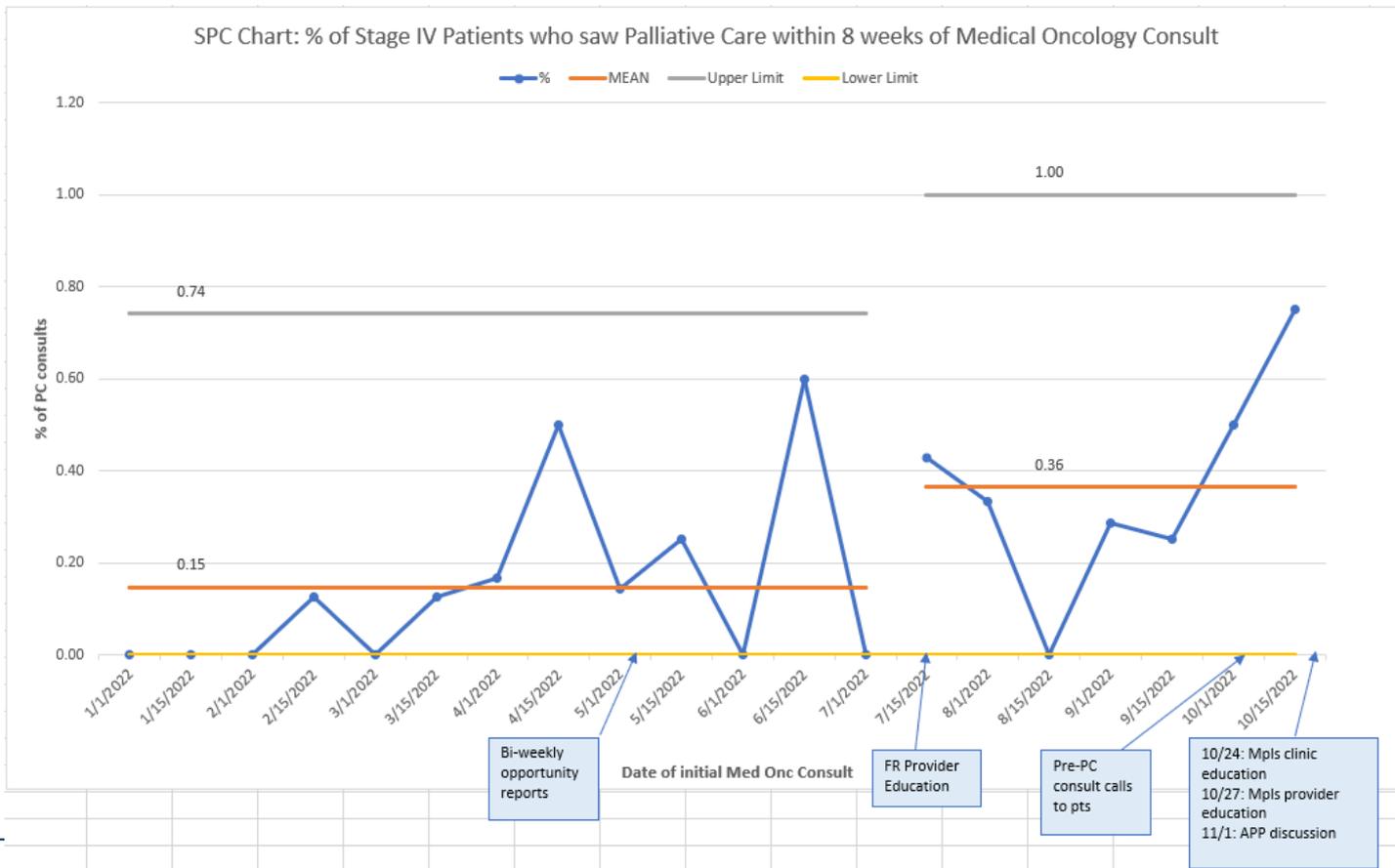
Diagnostic Data summary

Item	Description
Measure:	Average Days from New Patient Consult to Palliative Care Consult
Patient population: <i>(Exclusions, if any)</i>	New Stage IV Cancer Patients who have seen a Palliative Care provider
Calculation methodology: <i>(i.e. numerator & denominator)</i>	Average number of days from the new patient consult with medical oncology to the date of the palliative care consult. Calculated by averaging time to consult twice a month.
Data source:	Practice Management System: AthenaIDX EMR: iKnowMed G2
Data collection frequency:	Semi-Monthly
Data limitations: <i>(if applicable)</i>	n/a

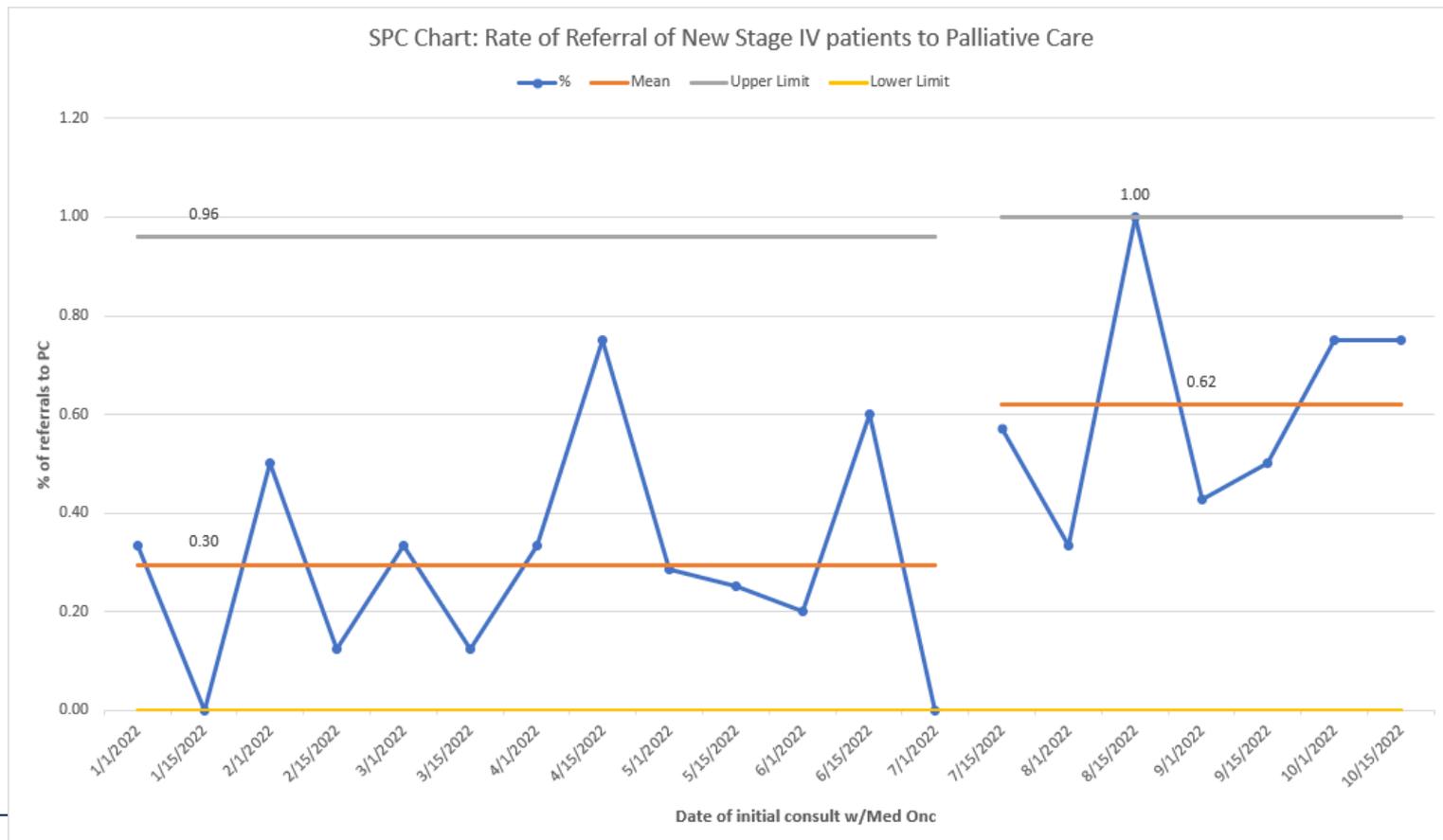
PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
10/13/2022	Palliative Care nurses call pts 1-2 days prior to scheduled PC consult to confirm appt, answer questions, & identify barriers to attending appt.	Rate of patients who no show or cancel PC consult improved from 48% to 35%	Continue to monitor time spent to assess sustainability of this intervention.
10/24/22-11/7/22	Provider, nursing, and scheduler education sessions to review PC program, who is eligible, how to refer, & identify barriers & misconceptions	<p>Outcome measure: Improved mean of Stage IV patients seeing PC provider from 15% to 36%.</p> <p>Process measures: Improved rate of referral from 30% to 62% and decreased time to consult from average of 50 days to 13 days.</p>	Identified misconceptions of what PC can offer patients among nursing staff, requiring additional and ongoing discussion & education efforts.

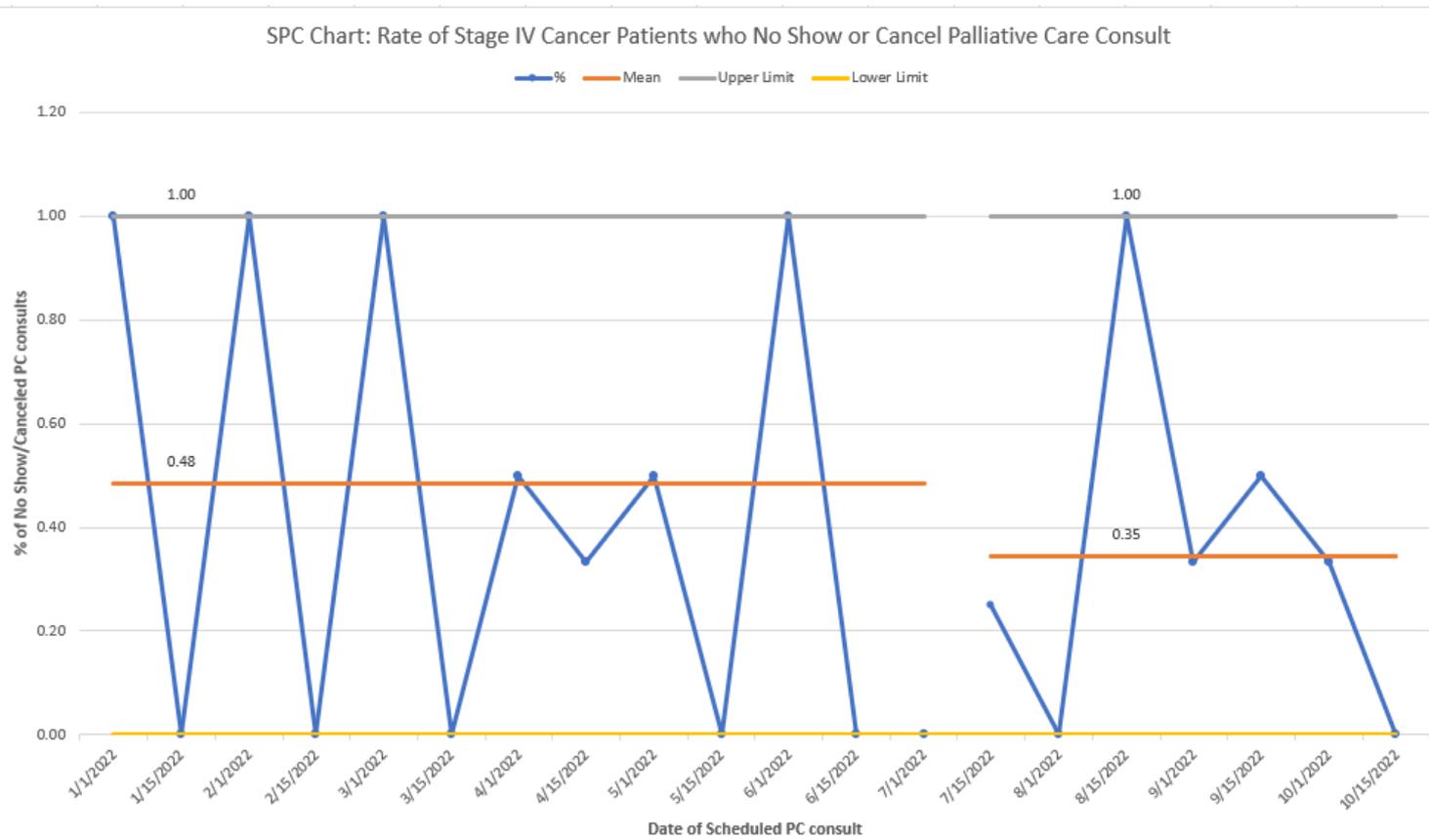
Outcome Measure



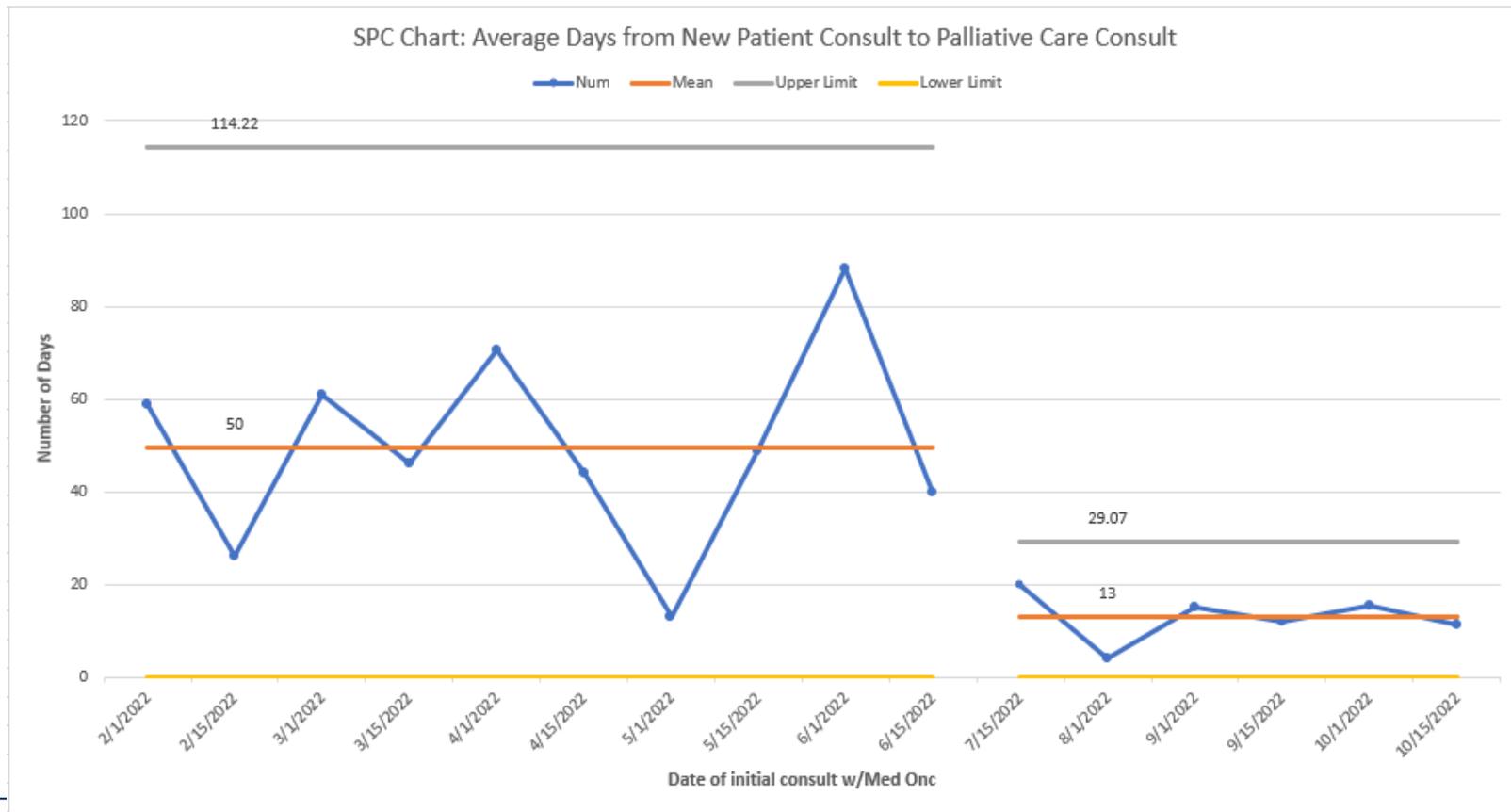
Process Measure



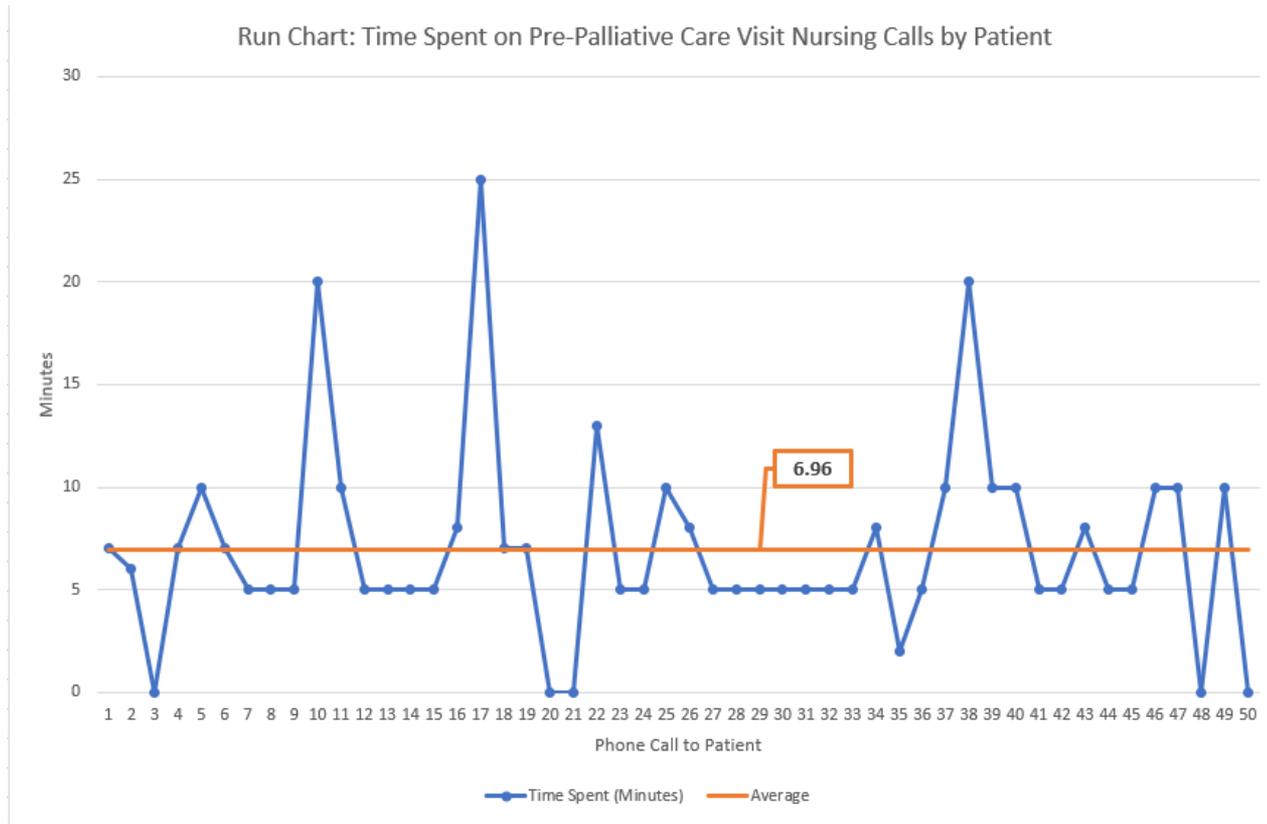
Process Measure



Process Measure



Balancing Measure



Next Steps/Plan for Sustainability

Next Steps	Owner
<ul style="list-style-type: none"> Continue pre-PC consult phone calls to patients, tracking time spent by nurses on this to monitor sustainability of this intervention. 	PC nursing team Core Team PC physician lead Clinical leadership
<ul style="list-style-type: none"> Schedule education sessions with provider teams at each clinic location to roll out interventions across the practice 	PC physician lead Core Team
<ul style="list-style-type: none"> Establish PC education as part of onboarding for new clinicians, clinical team members (nurses, clinical assistants, etc), and schedulers. 	Core Team Administration
<ul style="list-style-type: none"> Continue data collection for outcome and process measures, expanding data collection and reporting to all clinic sites. Potential for a “Palliative Care Dashboard” in 2023. 	Core Team
<ul style="list-style-type: none"> Monitor and share measure performance broadly at MNO Quality and Palliative Care committee meetings and at site/provider level (site staff or provider meetings and/or bi-monthly practice wide physician town halls) 	Core Team Team Lead PC physician lead Administration

Conclusions

- In 2021, the median percentage of new Stage IV cancer patients seeing Palliative Care (PC) within 8 weeks of their initial medical oncology consult was 21.47%.
- The team focused the project on two of the lowest performing clinics, Minneapolis and Fridley.
- Top barriers to improvement were identified as providers not discussing PC with patients, orders for PC referral not being placed, and a high rate of patients who cancel or no show their scheduled PC consult.
- The team initiated focused PC education with the providers (MDs/APPs), nursing teams, and schedulers at Fridley and Minneapolis.
- The PC nursing team began making phone calls to patients 1-2 days prior to their scheduled PC visit to help improve no show/cancel rates.
- Interventions lead to an improvement at Fridley & Minneapolis in the average percentage of new Stage IV patients seeing a PC provider within 8 weeks from 15% prior to the start of the project to 36%.
- Additionally, rate of referral for new Stage IV patients to PC improved from 30% to 62%, the no show/cancel rate dropped from 48% to 35%, and the time from new patient consult to PC consult improved from an average of 50 days to 13 days.

Reflection

- Peeling back the layers of the entire process, talking with those doing the actual work, and identifying the root issues rather than jumping straight into solutions gave our team the opportunity to be successful in this project.
- Some lessons learned:
 - Despite multiple Palliative Care education sessions with staff and providers prior to participating in QTP, we learned there are still a number of misconceptions about Palliative Care, even among some of our most seasoned staff.
 - Palliative Care education as part of provider and staff onboarding will be an integral part of ongoing success.

Increasing the Percentage of Stage IV Cancer Patients Who See a Palliative Care Provider Within 8 Weeks of Initial Consult With Medical Oncology

AIM: By December 2022, we will increase the median of Stage IV cancer patients seen by a palliative care provider within 8 weeks of initial consult with their medical oncology provider from 10.5% to 40% at two of the lowest performing clinic locations.

INTERVENTIONS:

- Prior to the start of the QTP session, we began distributing bi-weekly opportunity reports to the clinics identifying Stage IV cancer patients that had not yet seen a palliative care provider.
- Physician, APP, nursing, and scheduler education regarding palliative care was conducted to identify misconceptions and barriers to referring and scheduling patients for PC consults.
- Palliative Care nurses began calling patients 1-2 days prior to their scheduled PC consult to confirm appt, answer questions, and identify any barrier to the patient attending the visit.

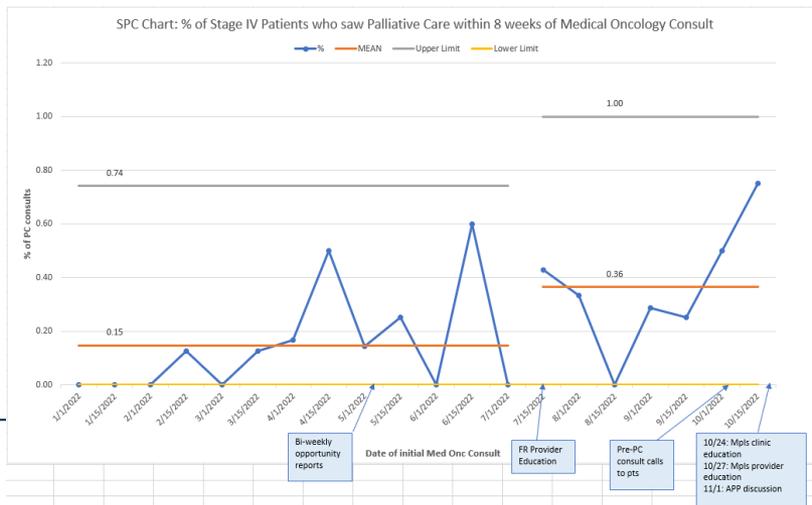
TEAM:

- Team Leader: Dr. Katipamula-Malisetti
- Quality: Alice Francis & Mayar Ali
- Palliative Care: Danna Renner
- ASCO QTP Coach: Dr. Ashraf Mohamed

PROJECT SPONSORS:

- Dr. Emily Schafhauser
- Jay Scott

RESULTS:



CONCLUSIONS:

- In 2021, the median percentage of new Stage IV cancer patients seeing Palliative Care (PC) within 8 weeks of their initial medical oncology consult was 21.47%.
- The team focused the project on two of the lowest performing clinics, Minneapolis and Fridley.
- Top barriers to improvement were identified as providers not discussing PC with patients, orders for PC referral not being placed, and a high rate of patients who cancel or no show their scheduled PC consult.
- The team initiated focused PC education with the providers (MDs/APPs), nursing teams, and schedulers at Fridley and Minneapolis.
- The PC nursing team began making phone calls to patients 1-2 days prior to their scheduled PC visit to help improve no show/cancel rates.
- Interventions lead to an improvement at Fridley & Minneapolis in the average percentage of new Stage IV patients seeing a PC provider within 8 weeks from 15% prior to the start of the project to 36%.
- Rate of referral for new Stage IV patients to PC improved from 30% to 62%, the no show/cancel rate dropped from 48% to 35%, and the time from new patient consult to PC consult improved from an average of 50 days to 13 days.

NEXT STEPS:

- Continue pre-PC consult phone calls to patients, tracking time spent by nurses on this to monitor sustainability of this intervention.
- Schedule education sessions with provider teams at each clinic location to roll out interventions across the practice
- Establish PC education as part of onboarding for new clinicians, clinical team members (nurses, clinical assistants, etc), and schedulers.
- Continue data collection for outcome and process measures, expanding data collection and reporting to all clinic sites. Potential for a "Palliative Care Dashboard" in 2023.
- Monitor and share measure performance broadly at MNO Quality and Palliative Care committee meetings and at site/provider level (site staff or provider meetings and/or bi-monthly practice wide physician town halls)