NAPBC
Best Practices Webinar Series:
Quality in Action
SUPER SURVEILLANCE
November 3, 2020

Webinar Series Chair:
Colette Salm-Schmid, MD, FACS

Moderator:
Melissa Nye, RN, BA, CN-BN
Webinar Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email
- Recorded content will be available through the ACS Learning Management System
Introducing Our Moderator

Melissa Nye, RN, BA, CN-BN
RN Navigator, Co-founder Breast Advocates International Oncology Nursing Society
Introducing Our Presenters

**Sramila Aithal, MD**
Chief Medical Oncology
Director and Lead Breast and Women’s Center
Cancer Treatment Centers of America

**Michelle Willman, NP**
Advance Practice Nurse Practitioner
UW Health Cancer Center at ProHealth Care

**Tara Sanft, MD**
Associate Professor of Medicine; Director of Adult Survivorship
Yale University School of Medicine/Smilow Cancer Hospital
Disclosure Summary
Learning Objectives

• Describe common surveillance issues faced by NAPBC-accredited centers and the barriers encountered to providing access to care to patients with breast cancer.

• Discuss the changes to process and patient management that improved access to care and the patient experience.

• Compare and contrast the experiences in a variety of health care settings and use the information to design evaluations and interventions addressing patient management and surveillance needs in their own NAPBC-accredited center.
Super Surveillance

Elements of a Survivorship Program

Sramila Aithal, M.D.
Chief of Medical Oncology
Director and Lead Breast and Women’s Center

NAPBC Best Practices Webinar Series: Quality in Action
Cancer Treatment Centers of America

NAPBC accreditation: 2019
CoC accreditation: 2011
CoC category: Comprehensive Community Cancer Program
Breast cancers 2019: 65 analytic cases
Best Practice

Our survivorship care plan (SCP) at Cancer Treatment Centers of America identifies patient eligibility for survivorship monitoring through an interprofessional approach, by utilizing evidence-based resources and professional practice guidelines and standards.
Rationale

• Issue
  – Increasing breast cancer survivors and increasing prevalence of late and or long-term side effects of therapy
  – Not all eligible patients were provided with comprehensive survivorship care plan (SCP) to demonstrate improved outcomes

• Need
  – Establish a standard for care, coordination of care between PCP and oncologists

• Resources
  – Intervention for symptoms, screening for new cancers, recurrence, health promotion
Implementation

• Multidisciplinary team members including physicians, nurse practitioner, physical and occupational therapists, data analytic administrators, and nursing, etc.
• Implementation based upon program CoC program and NAPBC standards
• Largest barrier: Timely identification of eligible patients in an automated manner, working with EHR Vendor
• Goal: *Highly important to show the benefit not only for patients through outcomes data, but how it would lead to a positive financial impact on the institution*
Value Added

Increase in the percentage of eligible patients with a diagnosis of breast cancer provided with a Survivorship Care Plan (SCP) noted over the past three years.

![Bar chart showing increase in percentage of eligible patients with SCP over three years: 2017: 85.7%, 2018: 87.5%, 2019 (Q1): 100%]
Value Added

• Benefits Include:
  – Comprehensive review of the personalized SCP at each visit
  – Monitoring of late/long term effects, as well as surveillance and appropriate age-related screening for other malignancies
  – Health promotion/weight management, cardiovascular assessment, bone health
  – Discussion of sexual health and wellness
  – Distress screening, lymphedema, endocrinopathies
• Patient eligibility is reviewed every three months
• Currently, 81.7% of survivorship appointments made were kept
Planting Seeds for the Future

• Ease of implementation
  – Effort, commitment, and teamwork
• Adaptability to other programs
  – Utilize this same screening process for other cancer diagnoses in the organization
• Lessons Learned
  – Benefits of survivorship monitoring improves the overall health and quality of life of cancer patients, reducing mortality rates and increasing survival
Resources

CTCA Philadelphia Elements of a Survivorship Visit

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NCCN© Survivorship Survey

SURVIVORSHIP ASSESSMENT (Patient Version)

Please answer the following questions:

**Psychosocial Concerns**
- Are you feeling up to par? Yes/No
- How would you rate your health as a 0 (worst) to 10 (best)?

**Cardiac Toxicity**
- Do you have shortness of breath or chest pain after physical activities? Yes/No
- Have you had chest pain during physical activities? Yes/No

**Autonomic Dysfunction**
- Do you have dizziness or lightheadedness? Yes/No
- Do you have trouble standing or balancing? Yes/No

**Sleep Disturbance**
- Do you have trouble falling asleep or staying asleep? Yes/No
- Do you wake up feeling refreshed? Yes/No

**Lymphedema**
- Have you had lymphedema? Yes/No
- Have you had lymphedema in any other areas? Yes/No

**Fatigue**
- Do you have persistent fatigue despite a good night’s sleep? Yes/No
- Have you been having difficulty with activities of daily living? Yes/No

**Mental Health**
- Do you have any thoughts of self-harm or suicide? Yes/No
- Do you have any thoughts of harming others? Yes/No

**Physical Function**
- Do you have difficulty with walking or climbing stairs? Yes/No
- Do you have difficulty with lifting or carrying objects? Yes/No

**Sexual Function**
- Do you have any concerns regarding your sexual function, sexual activity, sexual relationships, or your sex life? Yes/No
- Are there concerns causing you distress? Yes/No

**Mucosal Changes**
- Do you have any changes in your mouth, such as soreness, ulcers, or white spots? Yes/No

**Immunizations and Infections**
- Have you received any immunizations? Yes/No
- Do you take any medication that affects your immune system? Yes/No

**Nutrition**
- Do you eat a balanced diet? Yes/No
- Do you take any vitamins or supplements? Yes/No

**Dry Mouth**
- Do you have dry mouth or difficulties swallowing? Yes/No

**Weight Changes**
- Have you gained or lost weight recently? Yes/No
- Do you have any concerns about your weight? Yes/No

**Dental Health**
- Do you have any dental problems? Yes/No
- Do you have any oral health concerns? Yes/No

**Dry Eye**
- Do you have dry eye symptoms? Yes/No
- Have you had any significant changes in vision? Yes/No

**Hearing Loss**
- Do you have any hearing difficulties? Yes/No
- Have you had any changes in hearing? Yes/No

**Hair Changes**
- Do you have any changes in your hair? Yes/No
- Have you had any hair loss? Yes/No

**Vision Changes**
- Do you have any changes in your vision? Yes/No
- Have you had any eye problems? Yes/No

**Voice Changes**
- Do you have any changes in your voice? Yes/No
- Have you had any difficulties with swallowing? Yes/No

**Residual Effects**
- Do you have any residual effects from your treatment? Yes/No
- Have you had any side effects that persist? Yes/No

**Physical Examination**
- Do you have any physical symptoms or concerns? Yes/No
- Have you had any changes in your physical appearance? Yes/No

**Laboratory and Imaging**
- Have you had any recent laboratory or imaging tests? Yes/No
- Do you have any concerns about your test results? Yes/No

**Miscellaneous**
- Do you have any other concerns or questions? Yes/No
- Have you had any recent medical appointments? Yes/No

Please provide any additional information or concerns you may have.

NAPBC Best Practices Webinar Series: Quality in Action

NCCN Guidelines Version 2.02020 Survivorship

NCCN Guidelines Index
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Discussion
Contact Information

Sramila Aithal, M.D., Chief of Medical Oncology

Chief of Medical Oncology
Director and Lead – Breast and Women’s Center
Medical Oncologist and Hematologist

Comprehensive Care and Research Center, Philadelphia
1331. E. Wyoming Avenue, Philadelphia, PA 19124

E: Sramila.Aithal@ctca-hope.com
Supporting Breast Cancer Patients: Addressing Sexual Health

Michelle Willman MSN,FNP-BC, OCN©, CBCN©
UW ProHealth
UW Health Cancer Center at ProHealth

- NAPBC accreditation: 2009
- CoC accreditation: 1983
- CoC category: Integrated Network Cancer Program
- Breast cancers 2019: 302 analytic cases
Best Practice

The combination of standardized and targeted efforts at multiple touchpoints through the use of CARD, a simple, easy-to-use tool, has been key for identifying and addressing sexual health in women with breast cancer and has also helped to normalize the discussion for both the patient and nurse.
Rationale - Why Did We Tackle This Issue?

• Prevalence of female sexual dysfunction is an estimated 12%\(^1\)
• In women with breast cancer, the prevalence of sexual dysfunction is 50 to 90%\(^2\)
• According to National Comprehensive Cancer Network guidelines for survivorship (v.2.2018, Sexual Function (Female) SSF-1 and SSF-2) sexual function in women should be assessed and addressed at regular intervals

\(^1\)National Cancer Institute (2012); \(^2\)Wang LY et al. (2015)
Rationale - What Need Were We Trying to Address?

- Routine assessment of sexual health concerns with our patients was lacking
- Report indicated that only 2.8% of our breast cancer patients were referred to ProHealth Care’s Women’s Sexual Health Program
Rationale for Spending Time, Energy, Resources?

**Strong** Leadership Support to:
- Undertake the problem of not regularly discussing sexual health concerns with breast cancer patients & to better understand our current practices
- Identify strategies to standardize the process of routinely addressing patients’ sexual health concerns
- Facilitate improvement in our patient’s quality of life and providing whole person care
Implementation - How Did We Do It?

- Multidisciplinary team met regularly
- Team included: Medical & Radiation oncology RNs, Oncology Nurse Navigators, Clinical Nurse Specialist, Sexual Health Advanced Practice Providers, Support Counselor, Quality, & Oncology Advanced Practice Providers
- Key members interested in the concern
Implementation - Team Engagement

- All voices heard and respected
- Shared decision-making for assessment tool, touchpoints, development & timing of pilots
- Team developed & critiqued our smartphrase, educational materials and staff training
- Started with Survivorship Care Plan delivery pilot
Implementation - Did We Overcome Barriers?

• COVID sound familiar?

• Staff changes

• Radiation pilot
Value Added - Benefits Gained?

- Standardized & targeted efforts at touchpoints through our use of CARD was key to identifying & addressing sexual health in women with breast cancer
- Multiple touchpoints helped normalize the discussion for both the patient and nurse:
  - New patient contact by nurse navigator
  - Chemotherapy education visit
  - Radiation education
  - Delivery of survivorship care plan
- Standardized patient education & documentation supported a consistent message & identified resources for referrals
Value Added - Monitoring Our Progress

- Two pilots reached 48 breast cancer patients (2 declined)
- Anecdotal increase in referrals to the Women’s Sexual Health Program
- Training & use in specific medical oncology teams early 2020
- Identified follow-up visit after initiation of endocrine therapy as a key touchpoint
- Still relevant to implement in our chemotherapy education session, a work in progress
Value Added - Learnings & Relevance

• Standardized efforts allowed consistent & simple discussions for more women to potentially get the assistance they need
• Efforts **normalized** the discussion for both the patient and nurse
• Small pilots & training allowed staff to develop their skills & increase their comfort with sexual health conversations
• Standardized education materials & a smartphrase for documentation supported consistent discussions & identified clear resources for our patients
Planting Seeds for the Future

- Ease of implementation 4 of 10!
- Very applicable to programs wanting to address quality of life of their patients
- Opportunity to provide whole person care and encourage mindful staff & patient feedback
- **Very important** to know your organizations culture & environment
Resources - Did You CARD Her?

Cancer can affect sexual health
Ask the question
Offer Resources/referrals
Document in consistent manner

Resources - Documentation Smart

ONCSEXUALHEALTH

“Addressed sexual health concerns, resources/referrals given.”

Sexual Health for Women with Breast Cancer

It is very normal for some aspect of your sexual health to be affected by the treatment for breast cancer. There can be emotional and physical aspects related to the diagnosis, treatments associated with cancer, long term effects from care, or possible changes in your role within a relationship.

Cancer treatments may cause sexual problems.

Some problems that affect a woman’s sexual health include:

1. Changes in her body
2. Pain or discomfort
3. Changes in desire
4. Problems with orgasm or climax
5. Changes in sexual fluidity
6. Changes in sensation
7. Changes in ability to feel sexual

Vulvar Care for Women with Breast Cancer

Vulvar care

What is the vulva?

The term vulva describes a woman’s outer genital tissues. The vulva includes the labia majora (outer lips), labia minora (inner lips), the clitoris, and the urethral (urinary) and vaginal openings. The term vulva is often used interchangeably with the term genitalia.
Contact Information

Michelle Willman MSN, FNP-BC, OCN, CBCN
UW Health Cancer Center at ProHealth Care
michelle.willman@phci.org
262-696-5606
Super Surveillance

Multidisciplinary Approach to Cancer Survivorship

Tara Sanft, MD, Director of Cancer Survivorship Clinic, Smilow Cancer Hospital
Smilow Cancer Network

NAPBC accreditation: 2011

CoC accreditation: 1932

CoC category: NCI-Designated Comprehensive Cancer Center Program

Breast cancers 2019: 507 analytic cases
Best Practice: Survivorship Surveillance

• We offer multidisciplinary survivorship care to all breast cancer patients who have completed active treatment

• Each survivor coming to our clinic meets individually with a medical professional (MD or PA), social worker (LCSW), physical therapist (PT), registered dietician (RD-CSO)

• We provide personalized care plans to meet the needs of each survivor
Rationale: Why Are We Tackling This Issue?

- The number of survivors is growing over time\(^1\)
- Cancer survivors have unique needs not addressed in routine follow-up care\(^2\)
- Clinic was started by a survivor, for survivors

\(^1\)BCRF.org/breast-cancer-statistics, August 2020
\(^2\)Mayer D Lancet Oncol 2017
Implementation

• Team meets weekly, reviews patient before clinic
• SCP given at visit
• Referrals made to ongoing care
• Bill for routine follow-up
• 2019 started automatic referrals
• Ongoing efforts to reach more patients
Value Added

• Decrease distress, 98% patient satisfaction
• 2017 Hosted Mayo Clinic Scholar
• 2019 awarded Mentor Award through Conquer Cancer Foundation with a focus on enhancing reach to underserved population
• 2020 Launched Survivorship ECHO - 23 sites participated
“Meeting with all four providers today really moved me. Everyone was so positive and extremely helpful. I literally felt like I was in a warm nest of love as opposed to a typical “clinic”.

“It was wonderful to hear such positive information and to hear that everything I’m feeling is normal. Totally aha moments”.

“The team was wonderful and very generous with their time. I had a great experience and am very grateful that there are resources like the clinic available to help to manage aftercare”.
Planting Seeds for the Future

• Implementation requires institutional commitment
• Barriers include lack of billing codes (loss leader)
• Survivors want and deserve unhurried consultations
• We need to give consistent messages and support
Planting Seeds for the Future: Survivorship Network

Proposed Survivorship Network

- Composed of MDs/APPs throughout Smilow Cancer Network
- Share
  - Visit type (LTC - Long Term Clinic)
  - Templates - reflect tenants of survivorship care
  - Education (ECHO telemedicine format)
- Members will be part of Survivorship Committee that reviews access to comprehensive services (COC standard 4.8)
- Eventually share survivorship billing codes
- Patients can choose based on location
### Resources

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<td>Measure distress before and after each visit</td>
<td>Significant reduction after visit and at follow up</td>
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THANK YOU

Tara Sanft, MD
Smilow Cancer Hospital
at Yale New Haven
Yale Cancer Center

tara.sanft@yale.edu
312-399-1321
Cancer Program Webinar Series

- Better Data; Better Quality; Better Outcomes Webinar Series - 8-webinars
- NAPBC Best Practices Webinar Series: Quality in Action – 6 webinars
- Cancer Research Program (CRP) Educational Series – 5 webinars

To view and register for the webinars go to: https://www.facs.org/quality-programs/cancer/events
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