Emerging Trends in Oncology Nursing and Care Coordination

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Objectives

- Discuss the role of care coordination in ensuring quality cancer care
- Describe the role of oncology nurses in driving care coordination
- Discuss recent developments in palliative care

Coordinating Care

- Cancer care is typically highly specialized and fragmented, leaving patients to navigate a complex maze of services often delivered in different settings across their trajectory of illness.
- As a result, patients may experience what we think of as the healthcare “system” as more of a “non-system.”
- Comprehensive cancer care needs to be reconceptualized along a continuum that spans from prevention through survivorship.

Care Coordination

- As individuals navigate this continuum, diverse providers with appropriate expertise render care.
- Transitions between care settings and providers are complex, multidimensional processes that require closely fitted communication and collaboration in order to avoid “quality chasms.”
- Ensuring patient safety across the cancer care continuum is an essential goal of contemporary cancer care delivery.

Cancer Care Coordination - How are we doing?

- In 2004, 30% of adults seen in the ED reported that their regular physician was not informed that they received care there.
- A literature review of information transfer between hospital-based and primary care physicians found that only 3% of primary care physicians were involved in discussions with hospital physicians about discharge plans; fewer than 20% received a discharge summary.
- Adults with chronic illnesses who had seen a physician in the previous 2 years reported that either test results or medical records were missing at the time of scheduled visit; physicians unnecessarily ordered duplicate tests 22% of the time for patients seeing one physician and 43% of the time for patients seeing 4 or more physicians.

Cancer Care Coordination

- He realized he was facing the type of problem he never permitted at Apple. His treatment was fragmented rather than integrated. Each of his myriad maladies was being treated by different specialists... oncologists, pain specialists, nutritionists, hepatologists, and hematologists... but they were not being coordinated in a cohesive approach...
- “One of the big issues in the health care industry is the lack of caseworkers or advocates that are the quarterback of each team.”
- This was particularly true at Stanford, where nobody seemed in charge of figuring out how nutrition was related to pain care and to oncology.
Care Coordination

The IOM calls this priority “the key in the effective treatment of chronic conditions,” saying that clinicians and plans should actively collaborate and communicate to ensure an appropriate exchange of information.

*Bodenheimer, (2008), New England Journal of Medicine*

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The Role of the Oncology Nurse Navigator

- Provides targeted care management to patients recently diagnosed with cancer
- New diagnosis is a period characterized by “existential plight” and coping strategies may be compromised (Weisman & Worden, 1976-1977)
- Evidence suggests that patients often feel overwhelmed and inadequately supported during this time frame
- ONN programs funded by the National Cancer Institute

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Oncology Nurse Navigator: Critical Behaviors

- Navigator Behavior
  - Clinical expertise in medical, surgical, and radiologic treatment of cancer
  - Knowledge and skills in oncology care, including symptom management, skin care, and nutrition support
  - Comfort level reaching out to patients
  - Address personalized needs of patients, including psychosocial needs
  - Demonstrates importance of active listening and converses with patients in a non-didactic manner
  - Functions as the first point of contact for many patient questions

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Development of a Nurse Navigator Role

- Barriers to high quality cancer care include delays in and lack of coordination of care, patient information gaps and passivity, and inadequate attention to psychosocial issues
- Fragmentation and uncertain accountability of early cancer care in the period before initiation of treatment

- Enter the Oncology Nurse Navigator

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Oncology Nurse Navigator: The Penn Experience

- Instituted ONN Role in 2011
- Selected disease based programs
  - Head and Neck
  - Lung
  - Breast
  - GI Malignancies
  - Hematopoietic Malignancies
- Currently analyzing data
  - Time from point of contact to treatment
  - System access
  - Patient perceptions
  - To date, very well received by patients (…and staff)

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Oncology Nurse Navigator Role

<table>
<thead>
<tr>
<th>Navigator Responsibility</th>
<th>Activities</th>
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<tr>
<td>Proactively reach out to patients with newly diagnosed cancer</td>
<td>Explain role of ONN, answer questions, provide emotional support to reduce distress, address early concerns about diagnosis and treatment</td>
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<tr>
<td>Facilitate communication between providers</td>
<td>Work with care team, develop working relationships with all related departments</td>
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<td>Prevent treatment delays</td>
<td>Monitor for unnecessary time gaps, with diagnostics and results reporting, identify proactively address</td>
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<td>Explain medical treatment language</td>
<td>Address questions regarding procedures, treatment, symptoms, terminology</td>
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<td>Provide psychosocial support</td>
<td>Assess status, refer as needed</td>
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<td>Monitor and manage symptoms</td>
<td>Discuss potential side effects, provide anticipatory care, collaborate with team</td>
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<td>Identify and recommend resources</td>
<td>Share resources with patients…support groups, classes, resources (financial)</td>
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Penn Blueprint for Quality

Information Sharing Among Providers in Cancer

Cancer Nursing Structure: Current State by Setting of Care

Future State: Towards an Integrated Structure

Quarterly Integrated APP Meeting
**Integrated Cancer Nursing Leadership Meeting**

- Oncology Nurse Leaders
- Radiation Oncology Nurse Leaders
- Oncology Nurse Navigator Lead
- Infusion Nurse Leadership
- PAH Cancer Nurse Leaders
- PPMC Cancer Nurse Leaders
- Clinician Educators/SON
- Advanced Practice Leads
- IP/OP Clinical Trials Nurse Leads
- Inpatient CNMs
- CNSs

**Integration of Inpatient and Outpatient Cancer Nursing**

- Current model of cancer nursing dichotomized by setting
- Established tighter partnership between inpatient and ambulatory setting effective in January
  - Mauri Sullivan-increased focus on cancer
  - Cancer nursing leadership retreat planned in early 2013

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**Oncology Readmissions: Follow-Up Appts.**

- **Readmission Rate**
  - Oncology accounts for 25% of HUP's unplanned readmission rate

- **Financial Impact**
  - Reimbursement is proportionally higher for care provided as an outpt. vs inpt.
  - If readmission rate exceeds benchmark, HUP stands to lose 1% of total annual Medicare revenue (billions of dollars)

- **Bed Management/Patient Satisfaction**
  - Oncology “Surge”-Oncology Patients > Allocated Beds
  - Cancellation of scheduled curative chemotherapy due to lack of bed availability

**Staying out of the hospital yields improved patient experience and better clinical outcomes.**

*For Diane Corrigan CFO at HUP*

**Retrospective Chart Review**

- 24% of discharged patients had a follow up appt within 7 days scheduled at the time of discharge
- 25% (n=7) of patients with no 7-day follow up were readmitted within 30 days.

**Changing the Follow-Up Process:**

- **Obtaining Patient & Family Input**
  - Developed process to involve patient/family in determining date/time
  - D/C Planning team identified patients ready for discharge and if appropriate to with NP

- **Scheduling Appointment within 7 Days of Discharge**
  - Unit Secretary considers convenient time and schedules appointment
  - Unit Secretary provides patient with information

- **Discharge Instructions and Follow-Up**
  - Patients reminded of importance of follow-up visit at discharge
  - Patients tracked for follow-up appointment and readmission status

**Measuring Success of the Pilot**

- **Patient comments & Satisfaction With Process**
  - “That’s wonderful…You’re like a personal assistant.”
  - Daughter grateful that appointment was able to be made 40 minutes before another appointment at Perelman.
  - Family upset that discharge appointment was considered immediately upon arrival.

- **Total Discharges**
  - Increase from 24% to 45% of patients having appts.
  - within 7 days

- **To date, 1 patient has been readmitted within 7 days of discharge.**
Care Transitions: Palliative Care

- Palliative care starts early in the trajectory of care
- Increases over time within the context of disease progression
- End of life care/hospice important component of palliative care but not palliative care in its entirety...point of significant confusion
- Includes bereavement

Palliative Care Overview

- Palliative care is specialized medical care for people with serious illnesses.
- Focus - providing relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis.
- The goal is to improve quality of life for both the patient and the family.
- Provided by a team of doctors, nurses, and other specialists who work together with a patient’s other doctors to provide an “extra layer of support”
- Appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment

Palliative Care Services

- Symptom and pain management
- Emotional and spiritual support
- Family conferences
- Conversations about goals of care
- End of life planning
- Care coordination

Palliative Care Patients Live Longer and Better

Reducing Patients’ Symptom Burden

Temel J et al., Early Palliative Care for Patients with Metastatic Non-Small Cell Lung Cancer. New England Journal of Medicine, 2010, 363: 733-742; Oncology Roundtable Interviews and Analysis

Effects of Palliative Care on Clinical Outcomes

- RCT designed to evaluate effects of APP-led intervention in patients with advanced cancer
- Outcomes
  - Quality of life
    - Functional Assessment of Chronic Illness Therapy for Palliative Care
  - Symptom intensity
    - Edmonton Symptom Assessment Scale
  - Mood
    - Center for Epidemiological Studies-Depression
  - Resource use
    - Number of hospital days, ICU days, ED visits (chart review)
- Intervention
  - Multicomponent psychoeducational intervention
    - 4-weekly educational sessions
  - Monthly follow up until death or study completion

Quality of Life and Symptom Intensity Outcomes

Bakitas et al., JAMA, Vol 302, 7, 2009

Subset analysis of Patients who Died During the Study

Bakitas et al., JAMA, Vol 302, 7, 2009

Effects of Palliative Care on Survival

Survival was calculated as the time of enrolment (within 8 weeks of diagnosis with new or recurrent advanced stage disease) to the time of death or study completion (May 1, 2008). Median survival for the intervention group was 14 months (95% CI, 10.6-18.4 months) and 8.5 months (95% CI, 7.0-11.1 months) for the usual care group (P<.04).

Palliative Care in Asia

- Many patients in Asia diagnosed with advanced disease
- Anticipate pain, symptoms, and psychological concerns
- Vary with economic and political conditions across Asia
- Legal restrictions on access to analgesics in some countries
- Medical culture that values treatment versus quality-of-life
- Need to think (and rethink) across countries...
  Singapore advanced in comparison
Morphine Availability in Asia

Take Home: Care Coordination and Emerging Trends

- The complexity of cancer care requires multiple providers with diverse expertise working together over time…aging…complex and frequent diagnostics…multimodality therapeutics…intense symptom management…multiple settings of care…comorbidities…all over a longer trajectory

- Oncology nursing role pivotal in coordination of care and services for patients across the trajectory of care…our knowledge and skills position us well to lead care coordination.

- This will drive the quality of cancer care and enhance the patient experience.