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Improving Physician Goals of Care Discussion Documentation for Hematology Oncology Patients in the Outpatient Oncology Clinic

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UC San Diego Health, Moores Cancer Center
December 10, 2021

Institutional Overview

UC San Diego Health Cancer Services



TOTAL CLINIC ROOMS: 92
TOTAL INFUSION CHAIRS: 128
TOTAL VAULTS: 5 Linear Accelerators + Brachytherapy
TOTAL INPATIENT BEDS: 108

Moores Cancer Center

Multi-Specialty, Blood & Marrow Transplant Clinics
Infusion Center
Radiation Oncology
Clinical Trials Office- Precision Medicine
Basic Research Laboratories
Patient & Family Support Services

Koman Outpatient Pavilion

Comprehensive Breast Health Center (Imaging, Clinic, Infusion)
Urology Institute

Hillcrest

Multi-Specialty Clinic
Infusion Center

North County

Encinitas/Vista Cancer Services (Clinic, Infusion, Radiation)

Community Partnerships/ Affiliations

Eisenhower Medical Center
Radiation Oncology (3 locations) + Proton Center

Institutional Overview

Hematology Oncology Outpatient/Inpatient Flow

- Patients seen by a Hematology Oncology physician in clinic
- If admitted – primary team is the hospitalist team
- Oncology consult team involved if needed

Issues: Multiple handoffs and patients are often cared for by providers who have not seen them in the outpatient setting

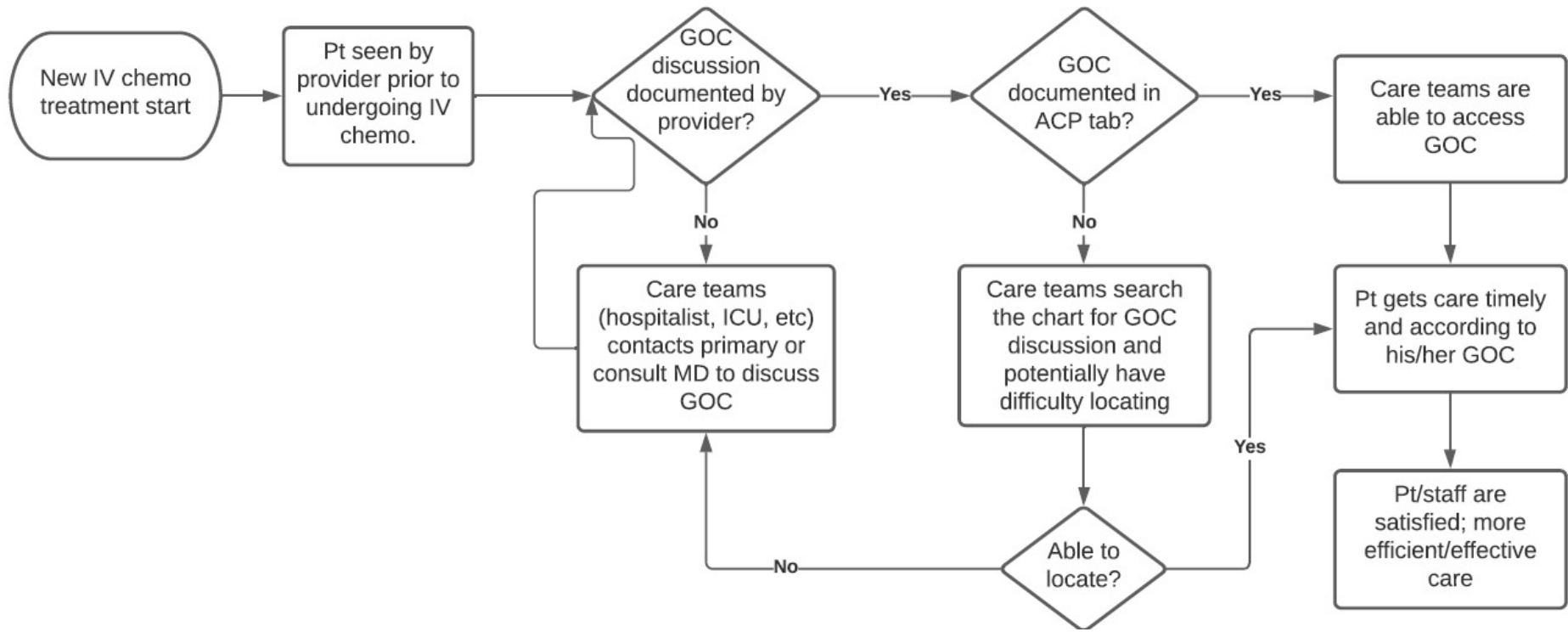
Team Members

Role	Name	Discipline
Project Sponsor	Joseph Califano, MD	Physician in Chief, Moores Cancer Center
Team Leader	Kathryn Gold, MD	Medical Director, Cancer Quality Thoracic Medical Oncologist
Team Member	Kira Skavinski, DO	Associate Director, Palliative Care Services Palliative Care Physician
Team Member	Shelly Kane, MPH	Administrative Director, Cancer Quality
Team Member	Katherine Coakley, MD	Fellow, Gynecologic Oncology
QTP Improvement Coach	Ashraf Mohamed, MD	ASCO QTP Improvement Coach

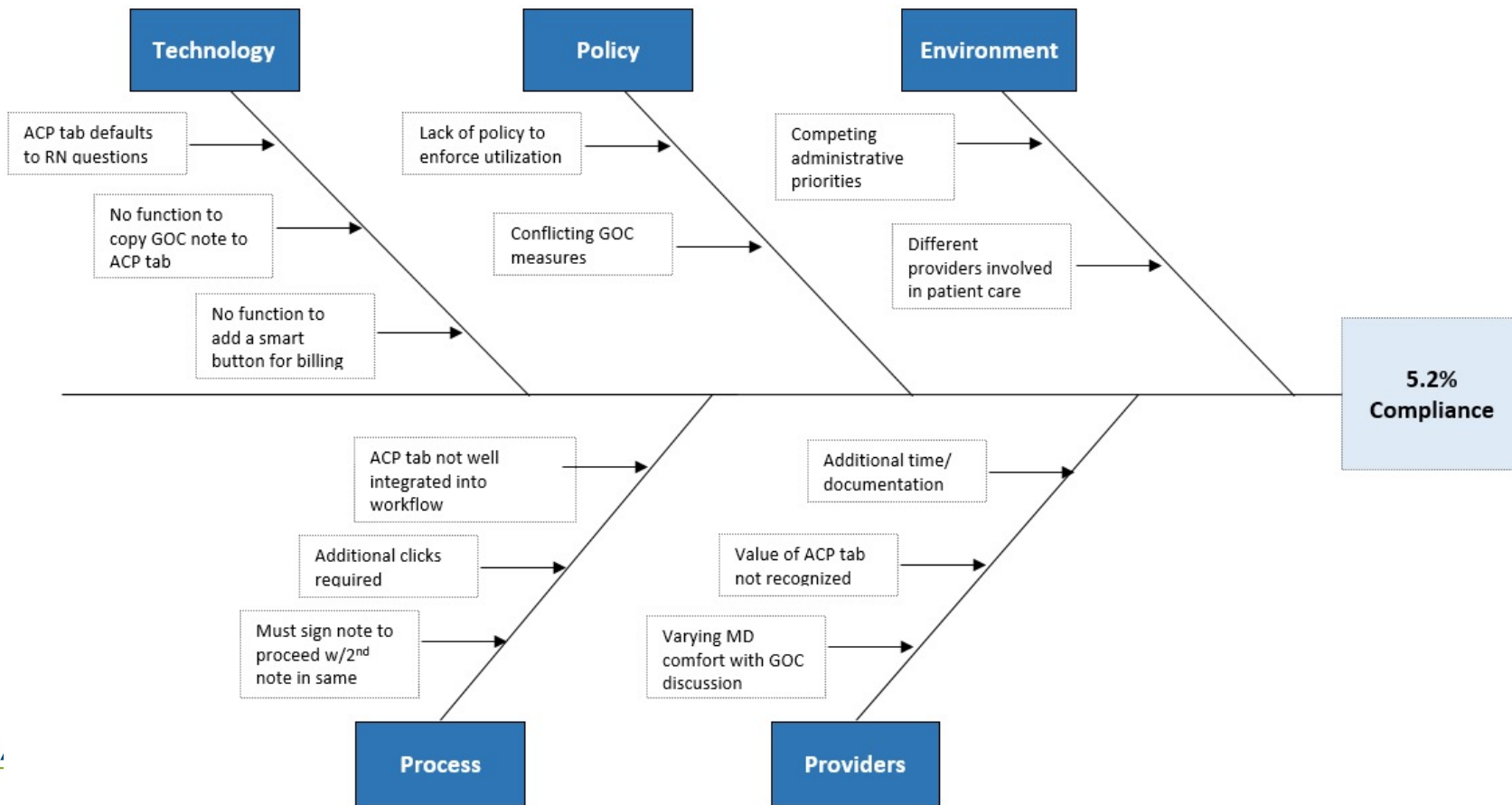
Problem Statement

Physician Goals of Care discussions with Hematology Oncology patients starting a new regimen of IV outpatient chemotherapy are poorly documented in the Advance Care Planning (ACP) tab in Epic (5.2%), adversely affecting care coordination at key transitions of care and leading to delay in executing patient care according to their goals of care (GOC) plan.

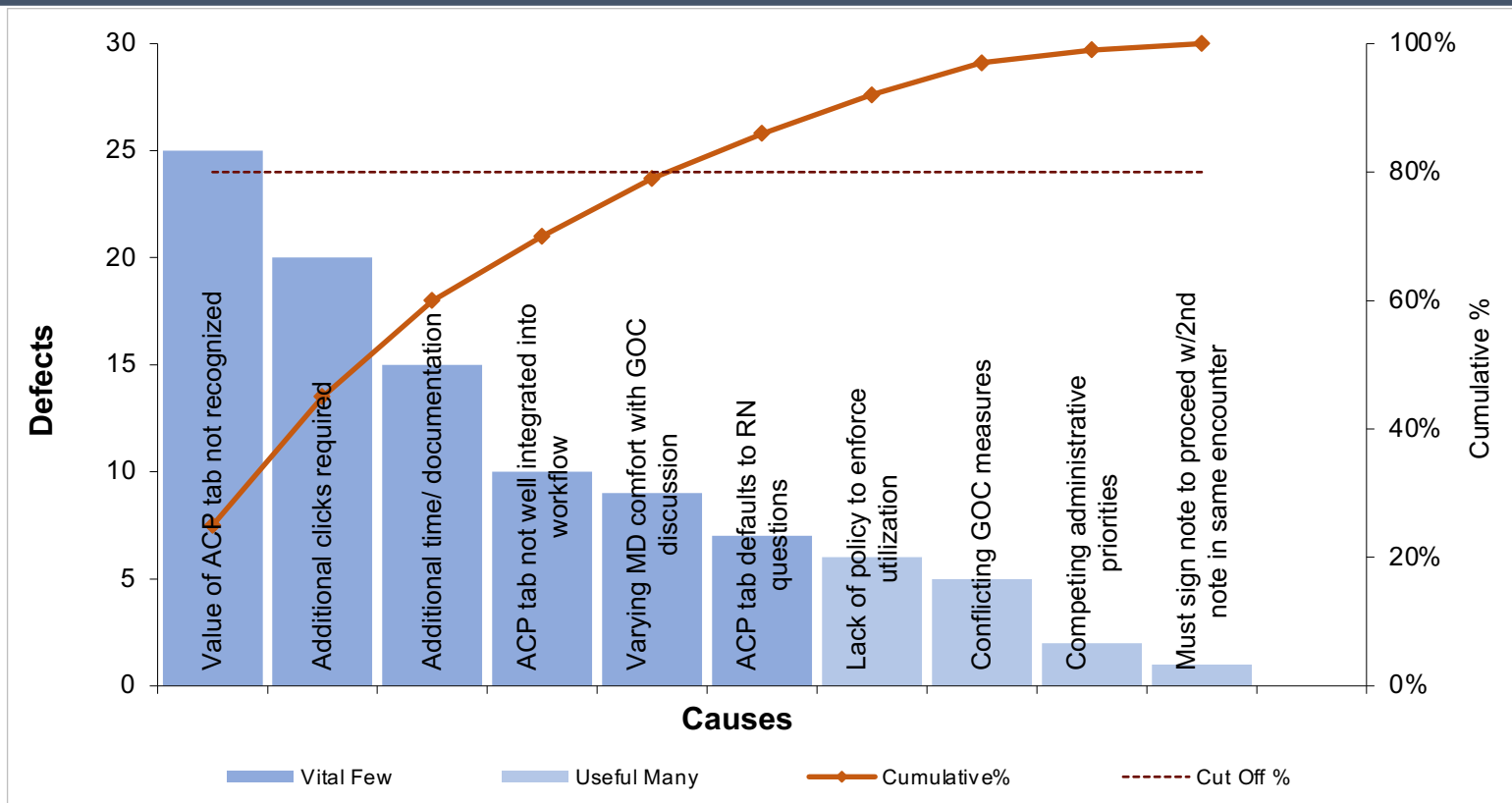
Process Map



Cause & Effect Diagram for Poor Documentation of Goals of Care Discussions



Reasons for no GOC Documentation in ACP Tab



Aim Statement

By December 2021, 25% of Hematology Oncology patients starting a new regimen of IV outpatient chemotherapy will have physician documented Goals of Care discussions within the Advance Care Planning Tab in Epic within 1 month of treatment start.

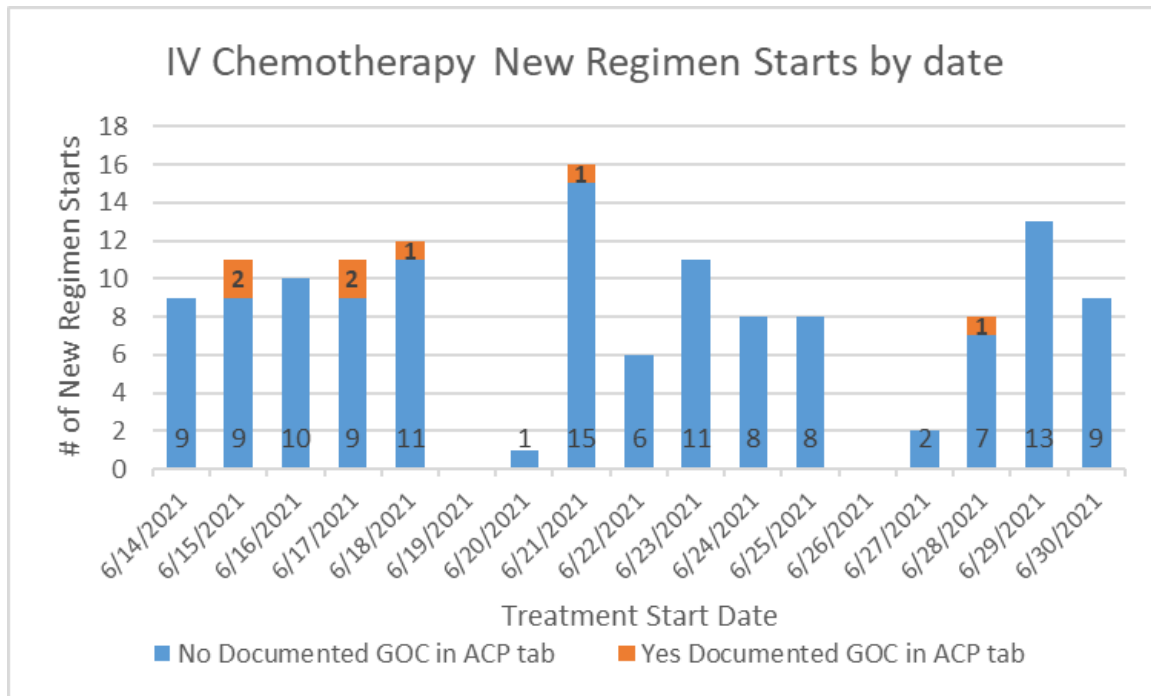
Outcome Measure

Item	Description
Outcome Measure:	% of patients initiating a new chemotherapy regimen with a documented provider goals of care note in the ACP tab within 1 month of treatment start date
Patient population:	Patients initiating a new chemotherapy regimen, with a Hematology Oncology ordering physician. (Exclusion: patients treated by BMT physicians)
Calculation methodology:	<p><u>Numerator</u>: patients initiating a new chemotherapy regimen with a documented provider goals of care note in the ACP tab within 1 month of treatment start date</p> <p><u>Denominator</u>: All patients starting new regimen of outpatient IV chemotherapy with a Hematology Oncology ordering physician.</p>
Data source:	Electronic Health Record (Epic) Advance Care Planning Tab
Data collection frequency:	Baseline data collected one time, for treatment start dates June 14-30, 2021. Post-intervention data collected monthly.

Baseline Data

Outcome Measure: Baseline Data Summary

7 out of 128 patients (5.2%) had a physician-documented GOC note in the ACP tab within 30 days following their IV chemotherapy new regimen start date



Process Measure #1: Physician Education

Item	Description
Process Measure:	% of oncology physicians who received education for GOC discussion documentation
Population:	Physicians in the Division of Hematology/Oncology who see patients in clinic
Calculation methodology:	Numerator: Physicians who have received education for GOC discussions Denominator: Total number of physicians
Data source:	Attendance logs from meetings where GOC was presented
Data collection frequency:	Approximately monthly, following each meeting where this topic is presented

Measure performance

- **85% (29/34)** of physicians received a formal demonstration and training in a meeting setting

**Expected performance of 100% by end of December 2021.*

Process Measure 2: SmartPhrase Utilization

Item	Description
Process Measure:	# of Oncology physicians who have used the SmartPhrase out of total eligible MDs.
Population:	Physicians in the Division of Hematology/Oncology who see patients in clinic
Calculation methodology:	Numerator: Physicians who have used the SmartPhrase Denominator: Total number of physicians
Data source:	Epic Utilization Report
Data collection frequency:	Monthly

Measure performance

- **50% (17/34)** of physicians have used the Physician goals of care SmartPhrase

Process Measure #3: Performance Reporting

Item	Description
Process Measure:	% of oncology physicians who receives quarterly feedback about their compliance with GOC documentation
Patient population:	Physicians in the Division of Hematology/Oncology who see patients in clinic
Calculation methodology:	Numerator: Physicians who have received at least a quarterly communication (email or meeting) with their individual performance. Denominator: Total number of physicians
Data source:	Communication log that documents performance report recipients
Data collection frequency:	Monthly

Measure Performance

- **100% (34/34)** of physicians received performance data as of 12/7/2021

Prioritized List of Changes

Impact	High	<ul style="list-style-type: none">• Communicate value and ease of GOC documentation in ACP tab at MD meetings• Encourage utilization via incentivized MD goals and data reporting	<ul style="list-style-type: none">• Create MD GOC SmartPhrase and tip sheet
	Low	<ul style="list-style-type: none">• Populate MD-specific goals of care template in ACP tab for all MDs.	<ul style="list-style-type: none">• Implement solution to prevent MD from double documentation in visit note and ACP tab
		Easy	Difficult
Ease of Implementation			

PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
5/1/21 – 5/21/21	Create, Implement, Communicate re: GOC SmartPhrase and tip sheet creation	100% (34/34) Template created, with tip sheet; introduced at leadership meeting and via cancer center-wide email	Continue communication and seek feedback on MD experience
8/9/2021	Selection of financially incentivized Cancer Center goal for increasing MD GOC documentation	Goal selected and communicated	Track performance and share in quarterly disease team leader meetings
9/12/21 – 11/18/21	Provider Education with documentation demo at individual disease team meetings	85% (29/34) Documentation workflow demonstrated, billing clarified.	Continue to track utilization and seek feedback on MD experience; optimize default note in ACP tab
10/14/2021	Updated ACP tab default content for all MD's to show MD-specific goals of care template	100% (34/34)	Track MD feedback.
12/7/21	Initiated monthly Performance Reporting	100% (34/34) Individual physicians receive monthly summary of their utilization of the GOC SmartPhrase	Review Epic build options to pull ACP GOC documentation into visit note to prevent double documentation.

Materials Developed

- Physician Goals of Care SmartPhrase →
- Epic Tip Sheet for MD Goals of Care SmartPhrase & Billing

With their permission, I had a discussion with @NAME@ today regarding their disease, ***. Additional people present at the time of discussion: ***.

The goal of treatment is {curative, non-curative, other:***}. Anticipated cancer trajectory shared with the patient: ***.

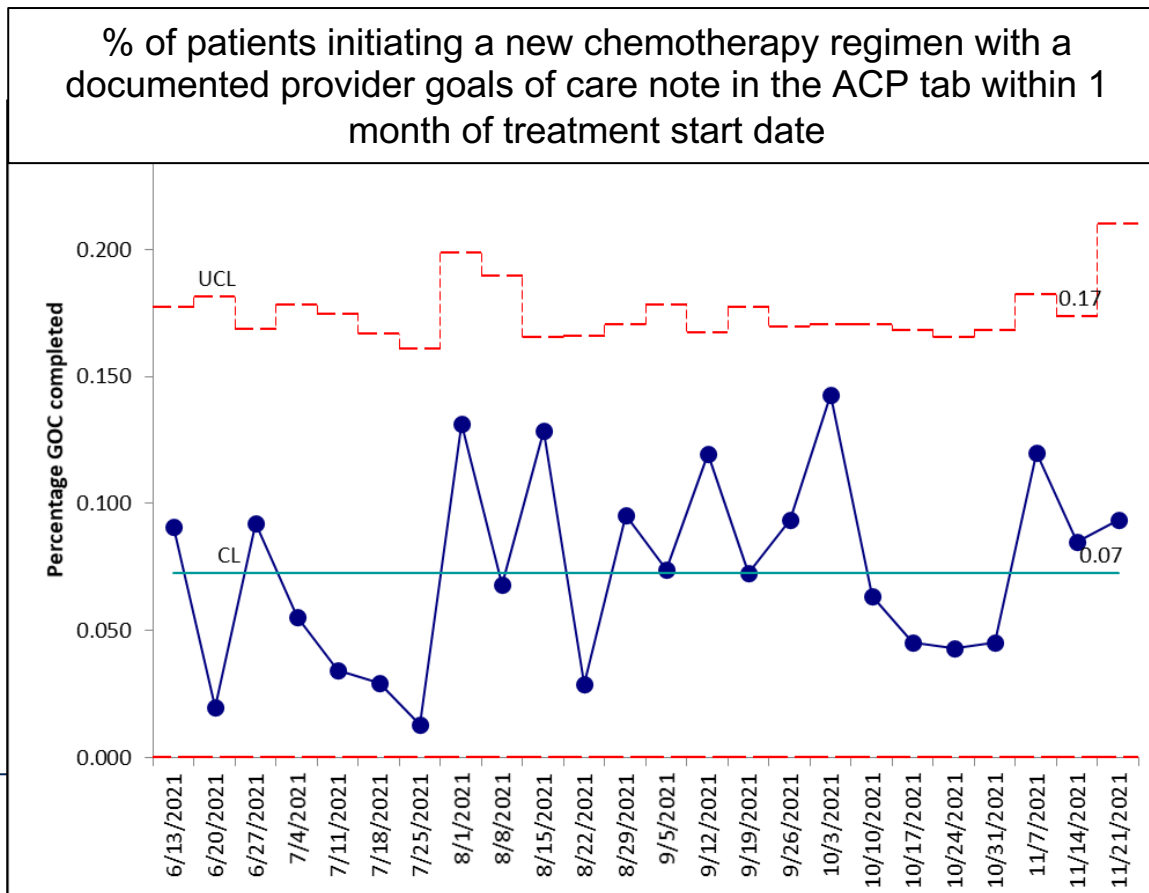
Patient's Health Care Agent:

***@HEALTHCAREAGENTS@

Total time spent face to face with patient and/or surrogate in Advance Care Planning: *** min.

+ *instructions for time-based billing of GOC discussions*

Change Data



Early Successes

- IT engagement and structure supported efficient SmartPhrase creation
- Engaged billing team to provide education on billing codes/workflows, and for clarification on allowable practices
- Engaged hospitalists and Inpatient Palliative Care teams for feedback on proposed change
- Engaged early physician adopters for feedback

Conclusions

- Aim of 25% GOC documentation by December 2021
 - Baseline performance: 5.2%
 - September – November performance: 8.2%
- Did not achieve aim of 25%, but there has been significant impact on process measures, showing positive progress on the project overall
 - Physician Education
 - Physician Utilization of SmartPhrase
 - Performance Reporting

Next Steps/Plan for Sustainability

- Continued performance feedback and individual outreach to understand barriers and opportunities to documentation

Project Title

AIM: By December 2021, 25% of Hematology Oncology patients starting a new regimen of IV outpatient chemotherapy will have provider (physician/APP) documented Goals of Care discussions within the Advance Care Planning Tab in Epic within 1 month of treatment start.

INTERVENTION:

- Create and implement a goals of care (GOC) smartphrase and tip sheet for Outpatient Oncology MDs
- Designate a financially incentivized Cancer Center goal for MD GOC documentation
- Complete physician education at team meetings, including an Epic demo and billing guidelines
- Update the default content in the Epic Advance Care Planning tab to show MD-specific GOC template
- Initiate monthly performance reporting to provide individual physicians with their utilization data

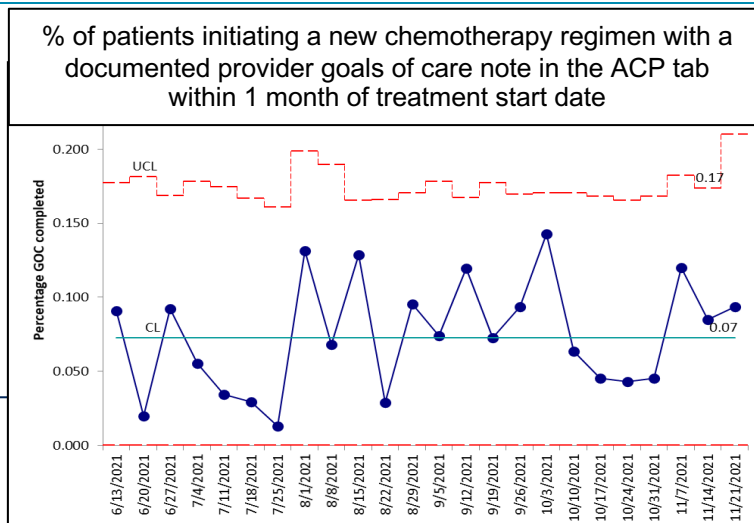
TEAM:

- Kathryn Gold, MD
- Kira Skavinski, DO
- Shelly Kane, MPH
- Katherine Coakley, MD

PROJECT SPONSORS:

- Joseph Califano, MD

RESULTS:



CONCLUSIONS:

- Baseline GOC documentation was 5.2%. Aim was set at 25% by December 2021.
- Weekly data showed increases up to 15% documentation.
- Process measures showed significant impact and overall project progress.
- Anticipate meeting goal in CY2022.

NEXT STEPS:

- Continued performance reporting and individual MD feedback will support ongoing tests of change and optimization