

ASCO Quality Training Program

West Cancer Center and Research
Institute

Institutional Overview



- The West Cancer Center and Research Institute is in the metropolitan area of Memphis, TN.
- Largest provider of oncology and hematologic care in the Midsouth
- Serves the tri-states of TN, AR, and MS
- 12 satellite clinics with the main cancer center in Germantown, TN.
- Services over 18,000 new patients per year including approximately 1,400 new breast cancer patients per year.

Team members

Project Team Members and Roles		
List all members by name and job function. If team changes occur, update the table accordingly.		
Role	Name	Job Function
Project Sponsor [#]	Gregory Vidal, MD/PhD	Provide oversight to the team.
Team Leader ⁺	Sonia Benn, MD	Provide guidance and direction to the team.
Core Team Member [*]	Cheryl Prince	Facilitator
Core Team Member [*]	Andrea Curry, PhD	Manager of Patient Reported Outcomes
Facilitator	Cheryl Prince	Team member who facilitates the team meetings to optimize group processes.
Other Team Member	Cynthia Inman, RN	Provide information regarding medication and processes.
Other Team Member	Ashley Dowdy, PA	Data analysis
Other Team Member	Wendy Brotherton	Pull data for project.
Other Team Member	Gabriella Bufalino	Pull data for project.
QTP Improvement Coach	Arif Kamal, MD	Provides remote support to the team regarding the science of quality improvement and participation in the QTP.

The Problem

- Significant amount of WCCRI patients utilize the ED and can affect reimbursement
 - Reducing that is part of OCM arrangement
- Most patients visit ED during working hours
- Most are visiting for pain complaints

Problem Statement

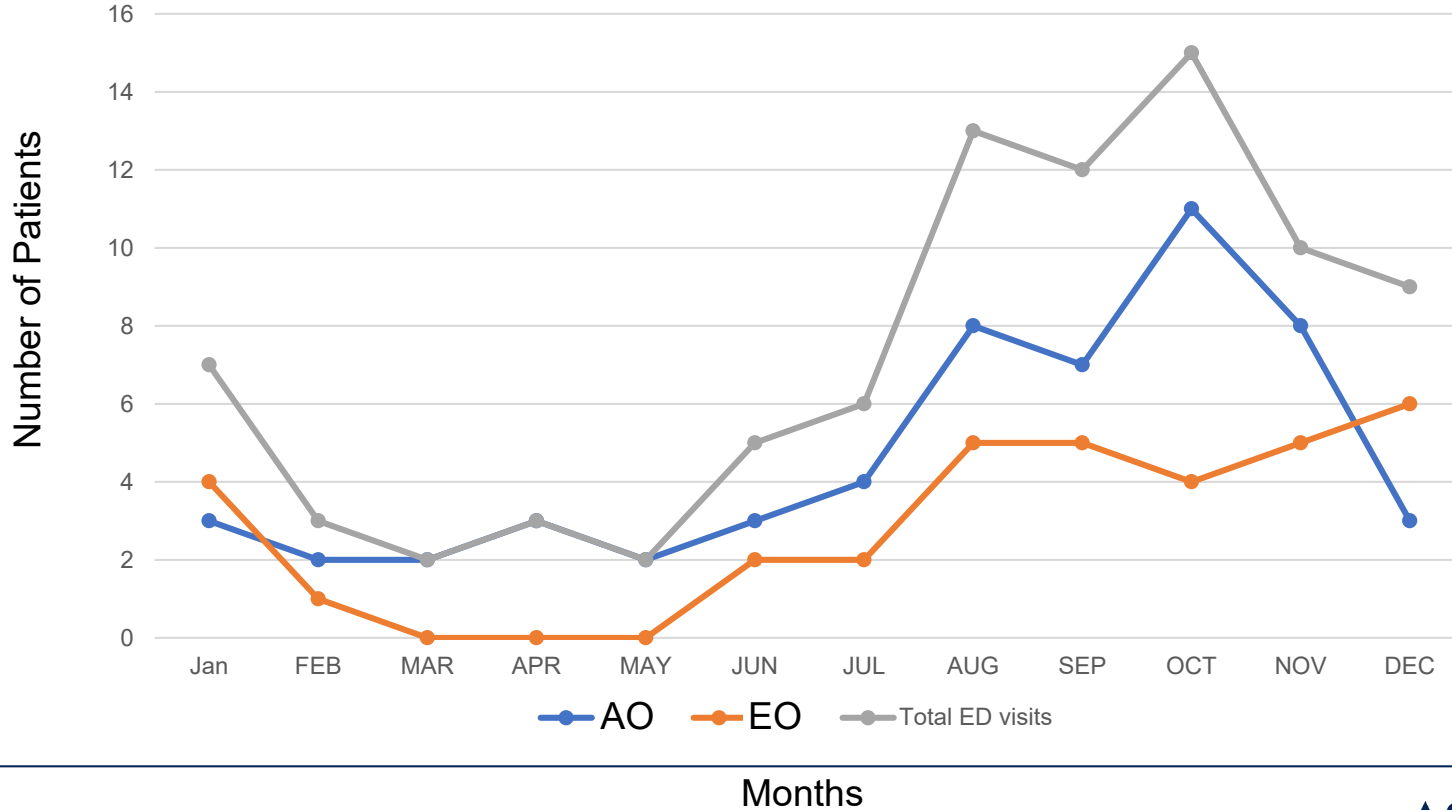
From January 2020 to February 2021, West Cancer Center and Research Institute patients of African origin (AO) undergoing treatment (surgery, chemotherapy, and/or radiation) for early breast cancer undergoing treatment had a 46% increase emergency department utilization in Midsouth for pain complaints compared their counterparts of European origin (EO) resulting in poor patient satisfaction and increased resource utilization.

Outcome Measure

Baseline data summary

Item	Description
Measure:	ED utilization disparity between patients of AO versus those of EO for pain complaints. - pain listed as the primary complaint for ED visit
Patient population: <i>(Exclusions, if any)</i>	Patients undergoing treatment for stage I-III breast cancer at West Cancer Center. Exclusion: Stage IV patients, non- AO or EO patients
Calculation methodology: <i>(i.e. numerator & denominator)</i>	Racial make up of WCCRI versus the proportion of ED utilization of Black versus White patients with pain complaints
Data source:	MLH system ED utilization data, TNConnect ED data, and OncoEMR database
Data collection frequency:	January 2020–February 2021
Data limitations: <i>(if applicable)</i>	<ul style="list-style-type: none">• Does not include patients in the MS ED departments• Retrospective

ED Utilization By Race



Outcome Measure Baseline Data

WCCRI Patients

Total Pts (Stage I-III):							
2020-2021				2020-2021			
<u>All Pts: Adj</u>		793		<u>ED Pts:</u>			
				<u>Adj</u>	110		
	AO	294	37%		AO	59	54%
	EO	443	56%		EO	46	42%

Assuming proportion of ED visit should mirror WCCRI racial distribution.
Then proportion increase:

$$\text{AO: } (54 - 37 / 37) \times 100 = 46\% \quad \uparrow$$

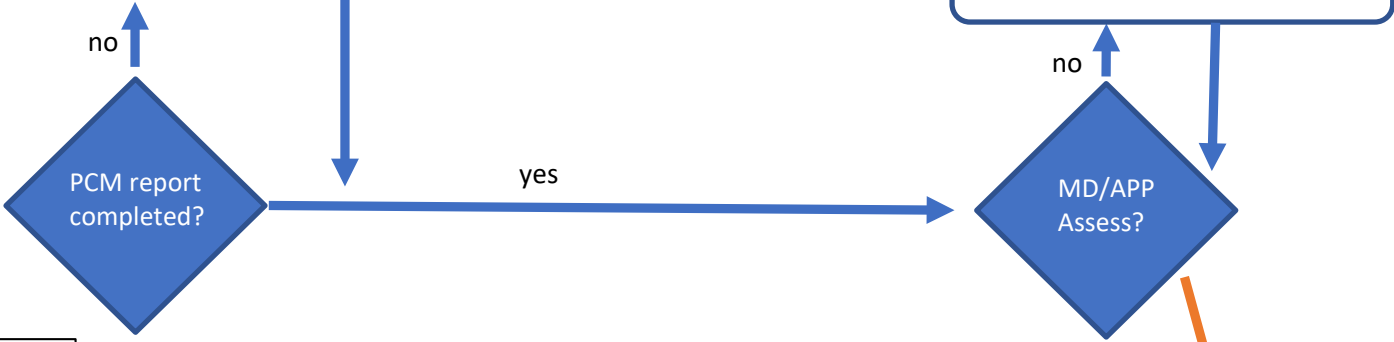
$$\text{EO: } (42 - 56 / 56) \times 100 = 25\% \quad \downarrow$$

Aim Statement

Primary: By December 2021, we want to decrease the disparity (46% increase) in ED utilization by 25%.
- translating to a reduction in WCCRI patients of AO from 54% to 50%

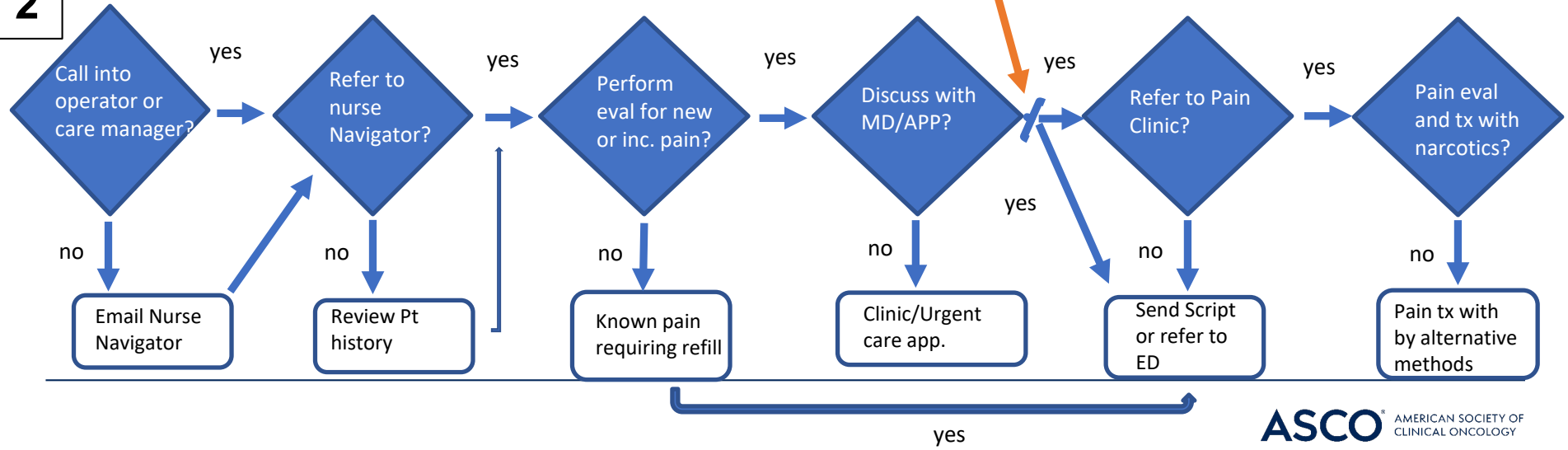
1 Process Map

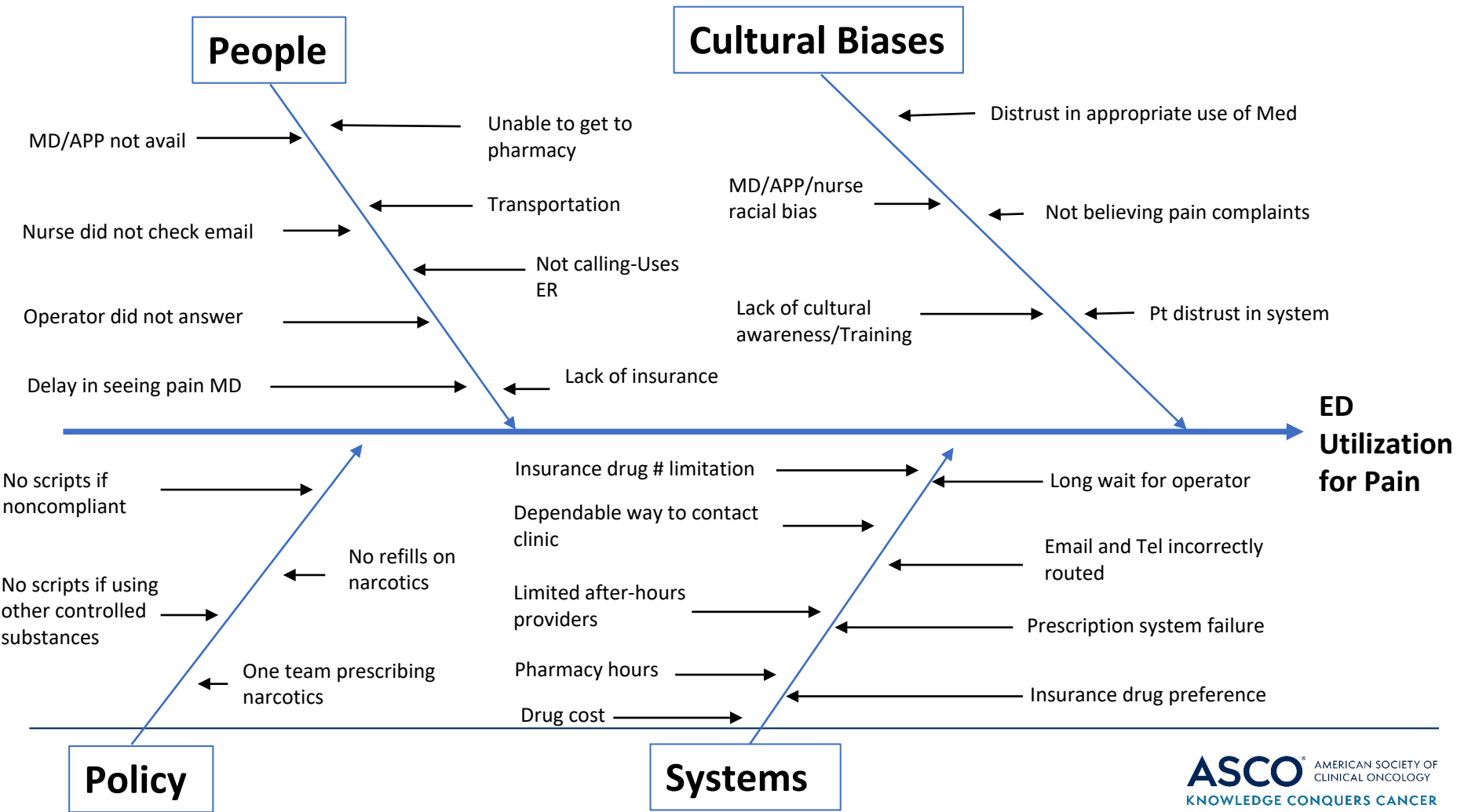
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Key
1= In Clinic
2= From Home

2





Process Measure

Diagnostic Data summary

Item	Description
Measure:	ED utilization disparity between patients of AO versus those of EO for pain complaints
Patient population: <i>(Exclusions, if any)</i>	Breast cancer patients undergoing treatment for early breast cancer and at the WCCRI
Calculation methodology: <i>(i.e. numerator & denominator)</i>	Number of times survey respondents rated a “cause” for ED visits as the primary reasons divided by the number of completed surveys
Data source: (50 pts, staff, and providers)	Survey data: (Responders: 29% patients, 25% staff, 25% providers, and 21% nurses and medical assistants)
Data collection frequency:	Once
Data limitations: <i>(if applicable)</i>	Low sample size, single institution

Process Measure Diagnostic Data

CAUSES	Label	RESULTS
MD/APP not available	1	2
Nurse did not check email	2	2
Delay in seeing pain MD	3	3
Operator did not answer	4	1
No scripts provided to non-compliant patients		0
No scripts if patient using other controlled substances	5	2
No refills on narcotics	6	4
Has another treating team prescribing narcotics		0
Drug cost	7	2
Patients prefers to use the Emergency department	8	5
Lack of insurance	9	9
Distrust of the doctor in patients appropriate use of narcotic medication		0
Insurance has a drug limit on number of pills		0
Dependable way to contact clinic	10	2
Email and Telephone incorrectly routed	11	1
Prescription system failure		0
Insurance company drug preference		0
Patients distrust the clinic system	12	2
Treating team does not believe the patients pain complaints	13	4
Long wait for operator	14	4
Pharmacy hours		0
Limited after-hours providers		0
MD/APP/nurse racial bias		0
Transportation issues	15	1
Unable to get to pharmacy	16	1
Lack of cultural awareness/Training of staff and treating team		0

Pain Only:							
	# Pts		# Visits		Median	Limit	Average
	132		152		1	1-4	1.1515
AA	70	53%	78	51%	1	1-4	1.1142
CA	58	44%	69	45%	1	1-4	1.1896

Insurance:				
Baseline: 793 Pts				
	AO		EO	
Total Patients	294	37%	443	56%
Commercial, Medicare + Secondary	161	55%	352	79%
Medicare Adv	56	19%	40	9%
Medicaid, TennCare	32	11%	16	4%
Medicare, Medicaid	3	1%	18	4%
Medicare Only	6	2%	13	3%
Uninsured	6	2%	4	1%
ED Only- Pain Only				
Total Patients: 135*				
	AO		EO	
Total Patients	72	53%	59	44%
Commercial, Medicare + Secondary	32	44%	41	69%
Medicare Adv	16	22%	5	8%
Medicaid, TennCare	16	22%	6	10%
Medicare, Medicaid	3	4%	2	3%
Medicare Only	3	4%	4	7%
Uninsured	2	3%	1	2%

n=51 all patients (65% B 35% W)

MD/APP not available
Delayed response from clinic
Delay in seeing pain MD
Operator did not answer
No scripts if patient using other controlled substances
No refills on narcotics
Drug cost
Patients prefers to use the Emergency department
Patients prefers to use the Emergency department because they are unable to get same day appointment
Lack of insurance- patient has no drug coverage
Lack of insurance- Insurance does not cover all pain medications
Lack of Insurance- Insurance still requires out of pocket payment
Lack of Insurance- Insurance limits the amount to pain medication a patient receives
Dependable way to contact clinic
Email and Telephone incorrectly routed
Patients distrust the clinic system
Treating team does not believe the patients pain complaints
Long wait for operator
Transportation issues
Unable to get to pharmacy

Pareto
Chat #

Freq	# 1	#1 B	#1 W
10	7	6	1
16	4	2	2
6	2	1	1
5	1	0	1
0	0	0	0
1	1	0	1
8	4	1	3
8	1	0	1
21	14	7	6
11	7	2	4
2	0	0	0
6	5	2	3
0	0	0	0
4	0	0	0
3	3	1	2
3	1	1	
4	2	0	2
7	2	0	2
11	2	0	2
4	2	1	1

Priority Matrix

High

Impact of Measure

Low

1. Give the patient the nurse navigator number.
2. Educate patients. Follow up with ED patients so that they know to use clinic.
3. Educating patients upfront on what's available and how to manage pain, such as nurse navigator (NN) and/or pamphlets.
4. New triage mapping that directs calls for uncontrolled pain to Urgent care of APP clinic.
5. Remote pain same day clinic.
6. Provide accessible list /education to providers of formulary drugs for underinsured.

14. Same day/ until 5 pm assistance. Do no send to ER after 2/3pm/
15. We must provide a direct line to nurse triage/ where a nurse answers.. no leaving voice mails (rollover lines).
16. Get pt referred to clinic for manageable pain complaints.
17. Offer drug assistance cards.
18. Patient with moderate/severe pain on PCM gets pain consult with MD and/or NP. Prompt on reason for visit.
19. Early referral to pain clinic.
20. Create a new team that handles email and phone requests outside of the nurse navigators.
21. Train an APP on pain protocols.
22. increase pain service personnel.

7. Direct access to financial counselors.
8. Patient education materials on non/complimentary narcotic pain management.
9. Samples/ vouchers for West pharmacy usage.
10. Educate operator/phone triage on appropriate questions. Create an SOP for patients complaining of pain.
11. Better back up system for NN when OOO.
12. Increase referral and use of PT and acupuncture.
13. Refer to PCP.

23. All calls get answered by person. No messages.
24. West establishes stronger relationships with Church Health Center (TN) and Trinity Health Center (MS).
25. Create a new team that handles email and phone requests outside of the nurse navigators.

Low

Effort

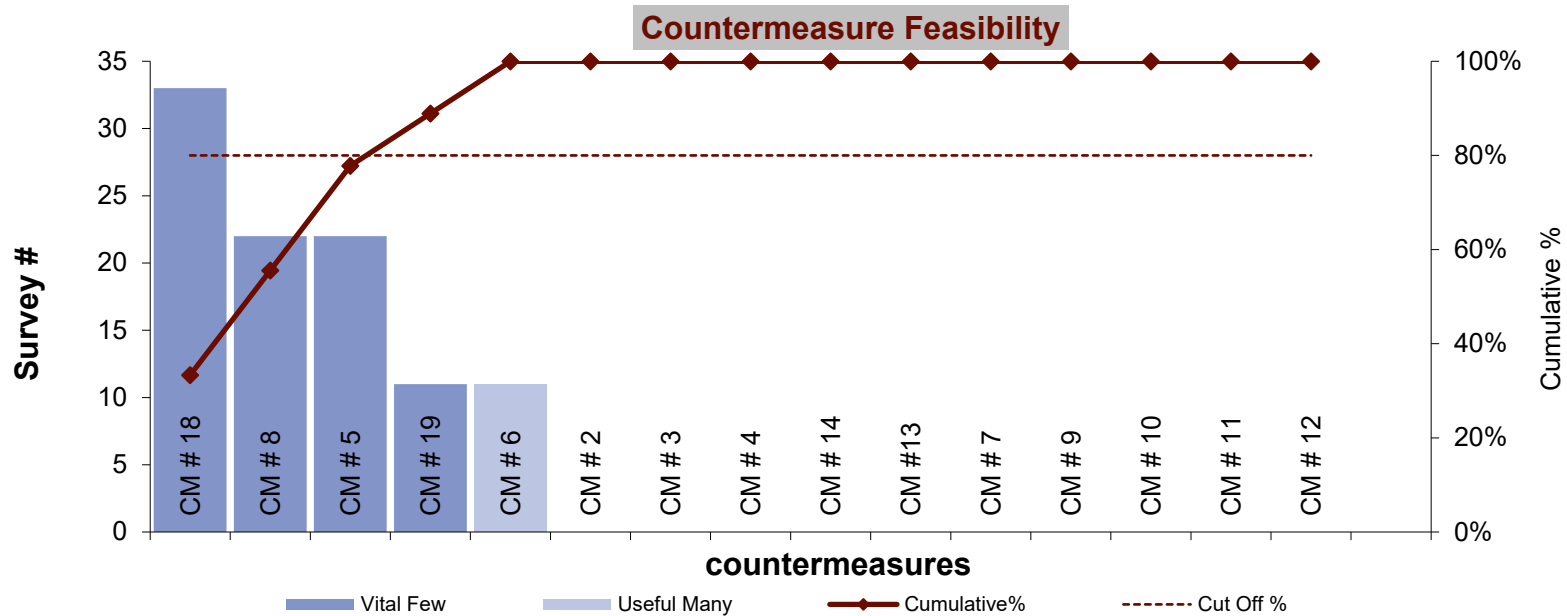
High

Process Measure

Diagnostic Data summary

Item	Description
Measure:	Most feasible counter measure
Patient population: <i>(Exclusions, if any)</i>	QTP survey team member
Calculation methodology: <i>(i.e. numerator & denominator)</i>	Most frequently selected solution
Data source:	Survey
Data collection frequency:	One day
Data limitations: <i>(if applicable)</i>	Low samples size, team bias

Process Measure Diagnostic Data



The first 4 countermeasures cover 88.9 % of the Total Survey #

Test of Change PDSA Plan

Date	PDSA Description	Result
4/1-4/16	CM 18. Patient with moderate/severe pain on PCM gets pain consult with MD and/or NP. Prompt on reason for visit (high impact high effort)	See below
4/1-4/16	CM 8. Patient education material on non/complimentary narcotic pain management (low impact low effort)	Provided
4/1	CM 5. Remote pain same day clinic (high impact high effort)	See below
4/19	CM 6. Provide accessible list /education to providers of formulary drugs for underinsured (high impact low effort)	Educated

Pain Pre-ED (At Any Point):

ED, Pain Only

Total Visits: 152					Total Patients: 132				
	AO		EO			AO		EO	
Total Visits	78	51%	69	45%	Total Patients	70	51%	58	38%
Pain Measured:	76	97%	69	100%	Pain Measured:	68	97%	58	100%
Pain Not Measured:	2	3%	0	0%	Pain Not Measured:	2	3%	0	0%
No Pain	26	34%	30	43%	No Pain	24	35%	26	45%
Mild (1-3)	12	16%	15	22%	Mild (1-3)	12	18%	13	22%
Moderate (4-6)	17	22%	11	16%	Moderate (4-6)	13	19%	10	17%
Severe (7-10)	21	28%	13	19%	Severe (7-10)	19	28%	9	16%

*Used pain at most recent visit (If multiple visits)

Day Difference (Pain and ED Visit)

Pain Scores

	Average	Median		Average	StandDev	Median
All	77 Days	55 Days	EO	3.4	3.49	3
AO	58 Days	55 Days	AO	3.4	3.53	3
EO	100 Days	56.5 Days				

PCM review of Benn and Vidal 2 weeks

- 89 patients with moderate/severe pain had either
- 35 had “no pain intervention” or blank
- 41 had “continue current medications”
- 76/89 had either no intervention or continue current meds
- Only 13 had something more done

Two Weeks Study Assessing Feasibility n=30

- Patients with moderate to severe pain on PCM get a pain specific virtual visit.
- Pt will be contacted by care managers 24 hours following visit.
- Pre-visit survey either emailed or via portal
 - No more than 5 questions
 - Rate current pain
 - Likelihood of going to ED to address pain. Or have you visited ED in last month for pain?
 - Satisfied with pain management?
 - How knowledgeable about WCCRI same day pain management options?
 - Was the call from nurse navigator helpful?
- During visit talking points or questions
 - Current pain meds, educate on options for same day/urgent management, and provide info on non-narcotic pain management. Refer for pain visit when necessary.
- Post Visit Survey
 - Addressing similar questions above



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Strategies for Managing Pain Without Medications

- Apply ice or heat to the affected area
- Use deep breathing exercises to help your body and mind to calm down
- Think about a pleasant thought or experience for 5 minutes
- Gently massage the area using essential oils or soothing lotions
- Listen to pleasant music to distract or calm your body and mind
- Gently move your body or stretch to relieve cramps and stiff muscles

Medical Options for Pain Relief Available Without Prescription

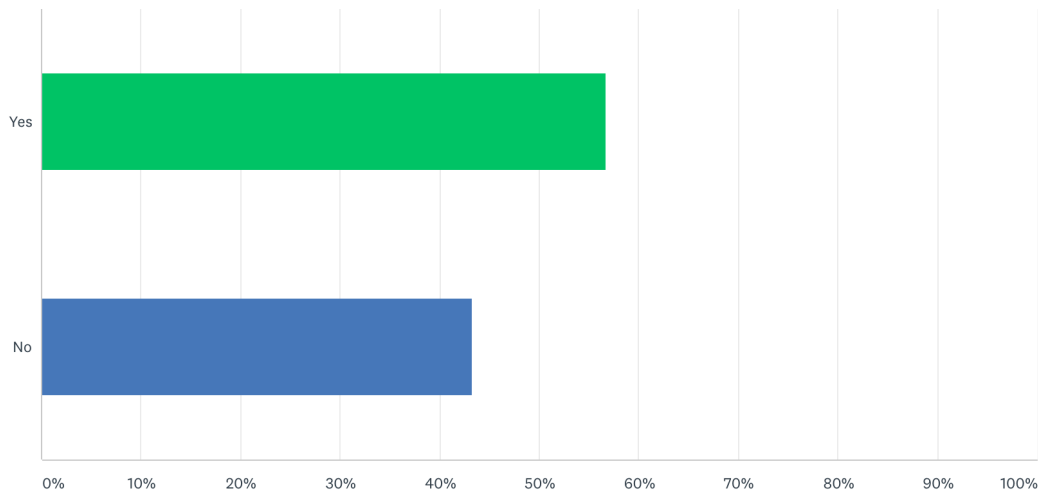
**Patients on blood thinners or those with liver or kidney issues should consult with their physician(s) before utilizing pill medications listed below.*

- Acetaminophen (Tylenol): Up to **four** 500 mg tablets per day
- Ibuprofen (Motrin or Advil): Up to **two** 200 mg tablets, 3 times per day
- Naproxen (Aleve): **One** 220 mg tablet, 2 times per day
- Lidocaine Cream: Follow the manufacturer's instructions
- [Salonpas](#) patches: Follow the manufacturer's instructions
- [Voltaren](#) gel: Follow the manufacturer's instructions

Outcome Measures

Did your provider discuss your pain level with you on your last visit?

Answered: 30 Skipped: 0

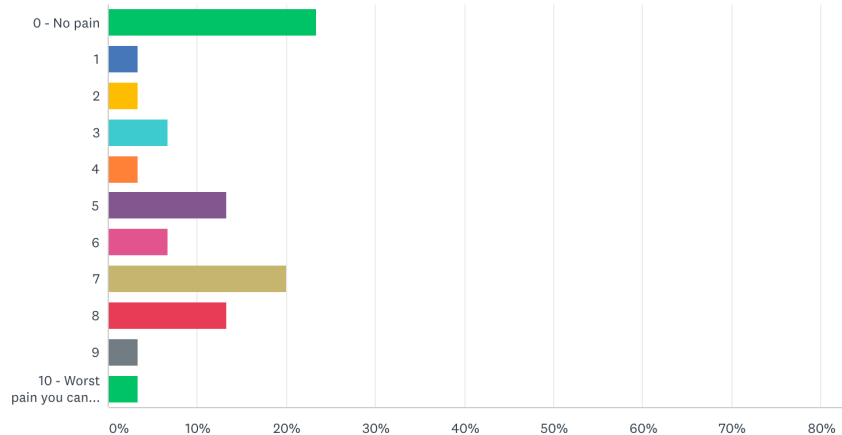


Initial Pain Survey

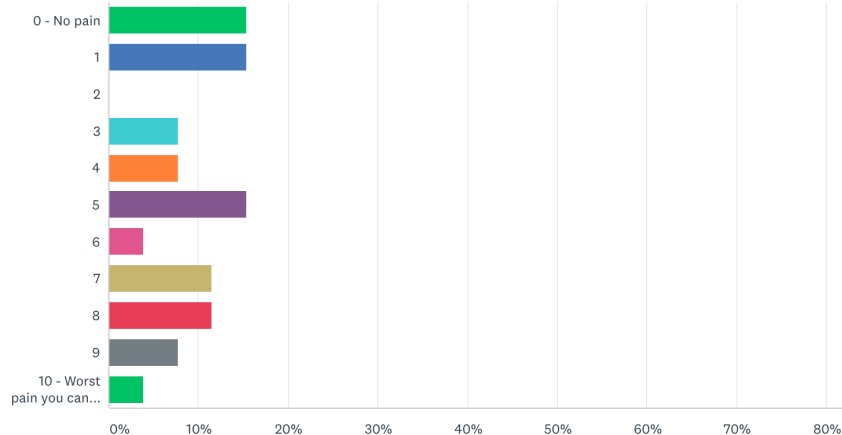
🔍 (0)

On a scale of 1 – 10, can you please rate your current pain level?

Answered: 30 Skipped: 0



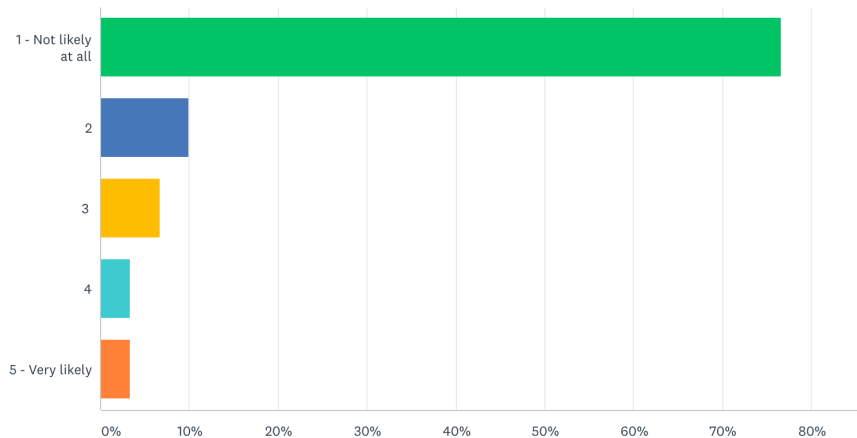
Initial Pain Survey



Final Pain Survey

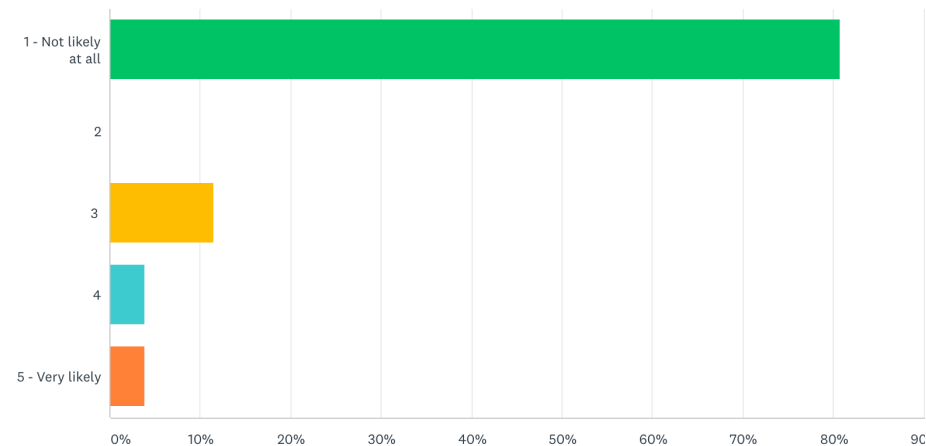
On a scale of 1 -5, with 1 being “not likely at all” and 5 being “very likely”, how likely are you to go to ED to address pain?

Answered: 30 Skipped: 0



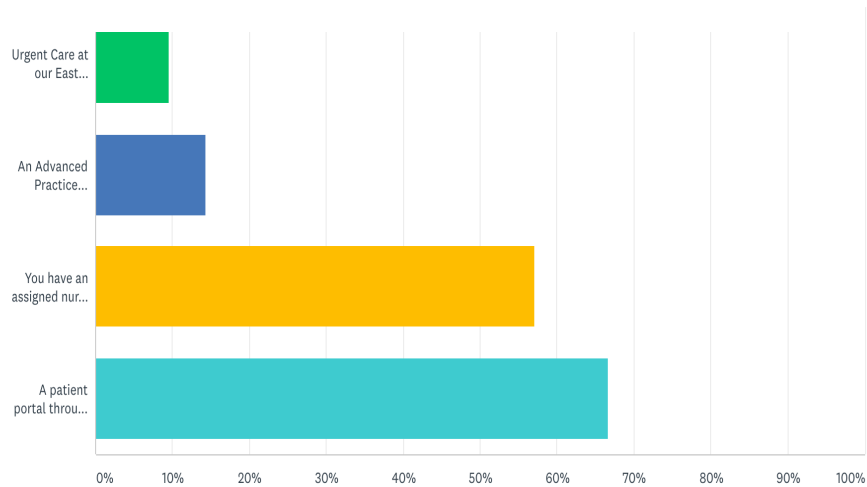
Initial Pain Survey

Answered: 26 Skipped: 4



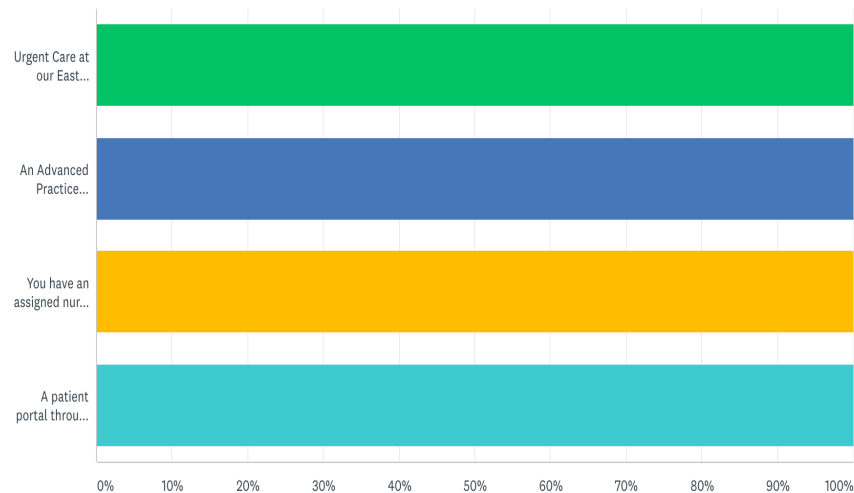
Pain Survey

Please check any of the options below that you know about at WCCRI for same day pain management options.



Initial Pain Survey

🔍 (0)



Initial Pain Survey

🔍 (0)

Other Findings

- 2/30 patients were referred to APP, and 1 of the patients required a palliative care referral.
 - Three patients had a follow-up with oncology 2 days after.
- 12/30 had treatment related pain.
- 7/30 were not able to communicate digitally.
- Call time: 13 minutes for initial and 4.4 minutes for follow up.

Next steps Sustainability Plan

Next Steps	Owner
Providing nurse coordinator business cards and making available to all pts	Marketing and Pt education committee
Educating patients on WCCRI offerings	Patient education committee
Virtual urgent care clinic to address acute pain complaints	CMO, APP
Physical urgent care clinic for WCCRI manned by APP and/or MD	Administration
PDSA3 –rerun ER utilization data after 6 months of urgent care execution	Komen Team

Conclusion

- Disparity exists in the use of ED for pain complaints.
- Use of ED would potentially be magnified in metastatic setting.
- Use of PRO tool can identify a large proportion of who potentially use the ED for pain complaints.
- A virtual format in managing pain complaints is feasible.
- Patient education on options for pain management complaints is lacking and required.
- Urgent care option for WCCRI to lower ED utilization would be beneficial.