Coleman Supportive Oncology Initiative

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Learning Objectives

1) Describe supportive oncology screening as a quality measure in comprehensive oncology care and development of evidence-based reference documents as an educational resource

2) Practice and discuss use of supportive oncology screening tool with a patient scenario, and formulate intervention(s) using a follow up reference document

3) Demonstrate the “goals of care” training module and list other available training modules
Coleman Supportive Oncology Initiative (CSOI) Goals

Cancer patients are

1) Regularly screened for distress, psychosocial support and palliative care needs, and

2) Receive all services as identified by screenings (from diagnosis through survivorship and end-of-life) from a collaboration of multiple high quality service providers that have core competencies in delivering cancer care and support.

CSOI is conducted parallel with a complementary Coleman initiative: The Coleman Primary Palliative Medicine Training Program.
CSOI Structure and Participants

Process Design Teams

Distress Care & Survivorship Care, led by Northwestern
Team members from Advocate Health, Cadence Health, Cancer Support Center of Homewood, Gilda’s Club Chicago, Leukemia Lymphoma Society, LivingWell Cancer Resource Center, Loyola University Medical Center, NorthShore, Stillwater Cancer Support Center, Swedish Covenant Hospital, Hult Center for Healthy Living, Wellness House, Foundation for Women’s Cancers, American Cancer Society, LIVESTRONG Foundation, Hispanicare, Adventist.

Palliative Care and Referral to Hospice, led by Northshore
Team members from Advocate Health, Cancer Wellness Center, Horizon Hospice and Palliative Care, Loyola University Medical Center, Northwestern Medicine, Rush University Medical Center, Sinai Hospital, Stroger, JourneyCare, Midwest, Jesse Brown VA, ASCO, City of Hope.

Cycle 1: Process Improvement Sites

<table>
<thead>
<tr>
<th>Hospital/University</th>
<th>Sites</th>
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<tbody>
<tr>
<td>John H. Stroger Hospital of Cook County</td>
<td>Lung, head/neck, lymphoma</td>
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<tr>
<td>Mercy Hospital</td>
<td>Breast, gastrointestinal, lung</td>
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<tr>
<td>Rush University</td>
<td>Breast, lung, gastrointestinal, bone marrow transplant</td>
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<tr>
<td>Sinai Hospital</td>
<td>Breast, gastrointestinal, lung</td>
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<tr>
<td>University of Chicago Medical</td>
<td>Over 65 (SOCARE clinic), genitourinary, lymphoma</td>
</tr>
<tr>
<td>University of Illinois Hospital</td>
<td>Breast, gynecologic</td>
</tr>
</tbody>
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Input Team
Local and national experts in Supportive Oncology

Patient Safety Organization (PSO) Database- collecting data
Metropolitan Chicago Breast Cancer Task Force

Core Program Support, Methodology & Reimbursement Facilitation
Center for Business Models in Healthcare
Current initiative is focused on Supportive Oncology for adult patients, in an outpatient setting. In January 2016, we started a supportive oncology project for children with cancer.
Multiple tools exist, fragmented by specialty, provider-centric. Lacking sensitivity and specificity. Some sites had no screening; some had implemented partial screening.

**Key Accomplishment:** Developed a consolidated, Patient-Centric Supportive Oncology Screening Tool (based on validated tools)

Implemented at sites for initial patient populations (Sinai, Rush, Stroger, Mercy, UIC, adapted at UCM)
### Practical Concerns — "YES" to Work / School Issues

<table>
<thead>
<tr>
<th>Start With asking patient the below questions</th>
<th>Timing</th>
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<tbody>
<tr>
<td>Are you concerned about your job?</td>
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<td>• Are you concerned about job security?</td>
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<td>IF YES</td>
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<tr>
<td>If patient works for a company of 50 or more employees, share Family and Medical Leave Act (FMLA) if needed – see link below for information on job security and pay provided by law.</td>
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<tr>
<td>Suggest patient talk with employer’s Employee Assistance Program (EAP) if one exists. If no EAP, refer to the employer’s Human Resources (HR) department. In no HR, then to have a conversation with manager. Possible referral to Social Worker who may be able to provide suggestions on how to have this discussion based on the patient’s concerns. Share Patient Links and Handouts as appropriate See Reference links below for additional information if needed, refer to Social Worker who may be able to assist with application.</td>
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<tr>
<td>IF YES</td>
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<tr>
<td>Do you need help filing for Social Security disability?</td>
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<td>IF YES</td>
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<tr>
<td>See link: <a href="https://www.ssa.gov/disability">https://www.ssa.gov/disability</a>.</td>
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<tr>
<td>IF YES</td>
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<tr>
<td>Are you a college student and concerned the school will not/isn’t accommodating?</td>
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<tr>
<td>IF YES</td>
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<td>If problems with school, instruct patient to follow up with Student Services Center or school counselor.</td>
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<tr>
<td>IF YES</td>
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<tr>
<td>Are you a college student and need help financially?</td>
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<tr>
<td>IF YES</td>
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<tr>
<td>If problems with school, instruct patient to follow up with Student Services Center or school counselor. See links below</td>
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### Notes
- **Stage IV:** Consider long term disability.

### Patient Links and Handouts:
- American Cancer Society, Working During and After Treatment
- LiveStrong, Employment Issues
- US Department of Labor, Family and Medical Leave Act
- National Cancer Legal Services Network
- LAF, Free Legal Assistance for those living in poverty in Cook County Illinois
- Scholarships and Resources, National Collegiate Cancer Foundation
- Scholarships, Cancer for College

### References:
- US Equal Employment Opportunity Commission, Q&A about Cancer in the Workplace and the ADA

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Any clinician seeking to apply or consult the Coleman Supportive Oncology Initiative Follow up Guidance is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient’s care or treatment. The Coleman Foundation makes no representations or warranties of any kind regarding their content, use or application and disclaims any responsibility for their application or use in any way.
Review of Follow Up Reference Documents

Questions about my treatment options, medication(s) or my plan of care

<table>
<thead>
<tr>
<th>Start With</th>
<th>Approach</th>
<th>Next Step</th>
<th>Timing</th>
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</thead>
<tbody>
<tr>
<td>What are your questions?</td>
<td>Relay the specific questions or specific lack of understanding to treating physician or APN.</td>
<td>Refer to Physician/APN&lt;br&gt;- have a Goals of Care discussion with Patient&lt;br&gt;- See Goals of Care Training Module</td>
<td>Share Patient Links and Handouts as appropriate&lt;br&gt;See Reference links below for additional information&lt;br&gt;Consider a Palliative Care Referral</td>
</tr>
<tr>
<td>What would you like to understand better?</td>
<td>Refer to Social Worker or Financial Counselor</td>
<td>Discuss same day if possible&lt;br&gt;Or Routine - within 1 week</td>
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<tr>
<td>Financial Questions</td>
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<tr>
<td>Medication Side Effects, Risks and Benefits</td>
<td>Refer to Physician/APN or Nurse</td>
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<tr>
<td>Treatment Options</td>
<td>Refer to Physician/APN</td>
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Notes

Stages III: Use language patients will understand, expect emotion and empathize, and map the future to align with the patient's goals of care. Plan medical treatments that match patient's goals.

Stage IV: Consider referral to Palliative Care provider when having difficulty understanding or coping with a Stage IV diagnosis.

Geriatric: Having healthcare proxy and a family member present at all appointments if possible, especially if there are any cognitive issues. Concerns or questions of the primary caregiver are just as important to be addressed if patient has a hard time understanding. Geriatric patients may be more comfortable asking questions of a social worker than oncologist as compared to a patient of a younger generation. Address polypharmacy and possible reduction of medications for better quality of life.

Patient Links and Handouts:
> American Cancer Society, Learn About Cancer Topics
> American Cancer Society, Find Support & Treatment
> Cancer.Net, Types of Cancer
> Cancer.Net, How Cancer Is Treated
> NCCN, Cancer Treatment

References:
> NCCN Guidelines for Treatment of cancer by Site
> NCCN Palliative Care Guidelines, (PAL 29, PAL 30)
Review of Follow Up Reference Documents - I want to better understand my prognosis or long term outcome

Treatment or Care Concerns – “YES” to I want to better understand my prognosis or long term outcome

**Start With** asking patient the following questions:

- What do you know about your cancer?
- What would you like to understand better?
- How much do you want to know?
  - Some people want to know every little detail, some people don’t want to know anything.
  - Where are your thoughts on this?
- What info about the future would be useful for you?

**Approach**

Verbalize and write a short summary of answers to questions:
- Ask patient in what form they want to receive this information and who they may want present.
- Track and validate the patient’s emotion with empathy.

**Next Step**

Refer to Physician/APN:
- Key for some treatment planning, inquire what patient values more, quality or quantity of life.
- Provide patients who want additional information only as much detail as they can absorb.
  - Some patients may find additional information beneficial (i.e., information about their cancer or clinical trials), but some may be burdened with it.
  - Oncologists should have resources to direct patients to high quality information.

Consider Palliative Care referral.

**Timing**

Discuss same day if possible or Routine - within 1 week.

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**Notes**

**Stage I-II**: Referral to counseling or community support resource for those who have difficulty with accepting a diagnosis or prognosis of cancer.

**Stage IV**: Consider Palliative Care referral for those who have difficulty coping with poor prognosis (limited life expectancy). It is important the patient understands his or her overall prognosis, anticipated prognosis at that time (days to weeks; weeks to months; months to perhaps a year; years), the goals of treatment and why it is being offered (palliative versus curative intent).

Geriatric: Having health care proxy and a family member present at all appointments if possible, especially if there are any cognitive issues. Concerns or questions of the primary caregiver are just as important to be addressed if patient has a hard time understanding. Address polypharmacy and possible reduction of medications for better quality of life.

**Patient Links and Handouts:**
- ASCO Cancer.Net, Understanding Statistics Used to Guide Prognosis and Evaluate Treatment
- NIH Understanding Cancer Prognosis
- HPOA, Illinois

**References:**
- NCCN Guidelines for Treatment of cancer by Site
- NCCN Palliative Care Guidelines
Work in groups to review Scenario, CSOI Tool, and relevant follow up reference document

For the next 5 minutes, please work with one or two others near you to:

1. Review the Supportive Oncology Screening Tool filled out by Susan Jones, please note Susan is a Stage IV NSCLC patient that was recently diagnosed
2. Discuss what the next steps may be for Susan
3. We will re-group and ask some groups to share their discussion
Discuss group experiences in reviewing tool

➤ For your discipline, what was useful or helpful from the screening tool?
➤ What was useful from the reference document in planning intervention?
➤ What barriers might be present to implement screening or interventions at your institution?
Concise Supportive Oncology Training Modules

Existing training is in-depth and not process oriented; there is no initial broad training to ensure a consistent understanding of concepts, terminology and standards.

Created curriculum and content for 26 short training modules on Supportive Oncology care processes for a broad provider audience. Training has been reviewed by NCCN and will be hosted on the NCCN Educational Portal.

- What is Supportive Oncology?
- The Importance of Distress Screening in Patient Care.
- How to conduct a Supportive Care (including distress) Screening.
- How to Handle Patient Psychosocial Distress (mild, moderate & severe PHQ-4 results)
- What and how to document supportive oncology needs and care/referrals in patient’s medical records.
- How to talk to a patient about their practical and family concerns.
- What is survivorship?
- Comprehensive Care for Cancer Survivors.
- Commission on Cancer Requirements for Survivorship Care.
- Common Late and Long Term Effects.
- Lifestyle and Behavioral Factors.
- Common Psychosocial Challenges of Survivors/Psychosocial Sequela of Cancer.
- Prevention and Cancer Screening.
- Genetic Testing for Patients, Families and Survivors.
- How to conduct a supportive care (including distress) screening

- Pain Assessment: The Basics
- Pain – Beyond the Basics
- How to Communicate Prognosis
- Goals of Care
- POLST – Physician Orders for Life Sustaining Treatment, Using Illinois POLST as Example
- Advance Care Planning Over Time
- Reasons to refer to Hospice and Palliative Care
- Nausea
- Constipation
- Primary Palliative Care versus Specialty Palliative Care
- Dyspnea & Shortness of Breath
SUPPORTIVE ONCOLOGY CARE

COURSE DESCRIPTION
This educational series, which focuses on supportive oncology care, is designed to help physicians, nurses, and other health professionals learn more about supportive care for cancer patients. The educational content is based on evidence and recommendations in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Supportive Care, the Commission on Cancer standards (2.4 Palliative Care Services, 3.2 Psychosocial Distress Screening, 3.3 Survivorship Care Plan), ASCO guidance, and the Institute on Medicine’s 2013 Report on Delivering High-Quality Cancer Care.

The Coleman Supportive Oncology Collaborative (CSOC) developed this supportive oncology education series along with palliative and survivorship care screening tools for pivotal points in cancer care. The CSOC developed processes, which were implemented across diverse institutions for distress, psychosocial, physical and practical concerns. CSOC involved a partnership of over 100 individuals representing 35 medical institutions (academic, community, and public cancer centers, cancer support centers and hospice providers).

TARGET AUDIENCE:
These educational programs are designed to meet the educational needs of oncologists, nurses, physician assistants, social workers, and other health care/oncology professionals who manage patients with cancer.

CREDITS & ACCREDITATION
These activities are approved for AMA PRA Category 1 Credits™ and are also certified for nurses. Complete accreditation details are provided at the beginning of the individual activities.

ADDITIONAL INFORMATION
SUPPORTERS:
These activities are supported by a grant from The Coleman Foundation, Inc.
Show “goals of care” training module

https://education.nccn.org/node/79545

We will play the course “Goals of Advance Care Planning Over Time”
Journey Connections
Step 1 of 3

http://www.lillyoncology.com/resources/journey-connections.html

If you would like a login, please send an email to Weldon@centerforbusinessmodels.com with your name, email and your institution.
Journey Connections
Step 2 of 3 (Local Resources)

Here are 3 businesses or services that might be able to help your patient. Change the category view by clicking an icon. For each category, select the resources you’d like to add to your handout. You can also search for specific items (such as wigs or wheelchairs) and narrow your results to a specific area by entering an address, a city, a state, and/or a ZIP code.
# Journey Connections
Resource Information

## LITTLE RED DOOR

<table>
<thead>
<tr>
<th>Resource information for patient handout (will print):</th>
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</thead>
<tbody>
<tr>
<td><strong>Resource Categories:</strong></td>
</tr>
<tr>
<td>Accessories; Emotional Support</td>
</tr>
<tr>
<td><strong>Who they are and what they do:</strong></td>
</tr>
<tr>
<td>Cancer patients who have lost their hair may visit the Little Red Door Boutique to select wigs and head wear. Breast prostheses, bras and lymphedema bandages/garments are available for those with a physician's prescription.</td>
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<tr>
<td><strong>Website:</strong></td>
</tr>
<tr>
<td><a href="http://www.littlereddoor.org">http://www.littlereddoor.org</a></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
</tr>
<tr>
<td>(317) 925-5595</td>
</tr>
<tr>
<td><strong>Fax:</strong></td>
</tr>
<tr>
<td><strong>E-mail Address:</strong></td>
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</tbody>
</table>

| **Contact Name:**                                    |
| **Contact Phone:**                                   |
| **Address:**                                         |
| 1801 N MERIDIAN ST, INDIANAPOLIS, IN, 46202          |

| **General comments for patients:**                   |
| Updated                                              |
| **Hours of Operation:**                              |

<table>
<thead>
<tr>
<th><strong>Comments for clinic staff only (will not print):</strong></th>
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<tr>
<td>test 2, test 2, test 2</td>
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Journey Connections
Step 3 of 3 (Patient printout – can be saved as PDF, Can be added to EMR as PDF)
In Summary

1) Supportive oncology screening is a quality measure in comprehensive oncology care

2) Evidence-based reference documents are available as an educational resource

3) We practiced and discussed use of the supportive oncology screening tool with a patient scenario, and formulated intervention(s) using a follow up reference document

4) We watched the “goals of care” training module and reviewed list other available training modules