

# **Coleman Supportive Oncology Collaborative (CSOC)**

## **Factors & Accomplishments**

### **The Collaborative goal is that cancer patients are:**

- regularly screened for distress, psychosocial support and palliative care needs, and
  - receive appropriate 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.
1. Hospital administration's commitment and funding to ongoing supportive oncology care
  2. Sustainable **screening of supportive care needs** for all cancer patients at pivotal points
  3. Provision of **services to meet patient supportive care needs**, including use of follow up reference documents and patient resource listings
  4. **Educated workforce** with consistent understanding of supportive oncology care (via education) and workforce development via participation in design working group
  5. **Collection of data/metrics** to inform health system and payer financial support of supportive oncology care

### **How overall progress was made in a short period of time for the Collaborative.**

- Clear, action-oriented objective for CSOC that was reviewed in every call/meeting
- Specific efforts and activities expected from all participating sites, with funding tied to those expectations.
- Assigned people to design/working teams with various levels and expertise. Dedicated "core" staff to facilitate and develop initial versions of content. Assigned tasks to review work product by team members.
- Core Team to keep effort moving forward,
- Expert involvement, locally and nationally and alignment with national guidelines and standards
- Acknowledging team members across institutions and bringing visibility to the CSOC through abstracts, posters and presentations at national conferences and meetings.

### **Comments from team members:**

- "It [CSOC] focused our efforts and allowed us to concentrate on the problem."
- "Working together with a diverse team of stake holders, scientists and practitioners that brought varying expertise and perspectives to the table. Facilitation was vital. The teams had outstanding content, clinical and practical knowledge which enriched the experience and led to a great product. Protected time was key in supporting the initiative."
- "Building a model to follow - developing processes"
- "It was important and powerful to have health care institutions working together in developing tools that could help their staff to provide better care to their patients."
- "Collaboration and guidance was extremely helpful. Having an interdisciplinary group of experts gave a lot of credibility to our efforts within our institution. The support in terms of time was also crucial. Implementation, piloting, reviewing data and coordinating teams within our institution takes a considerable amount of time and could have not happen without personnel resources."

## **Overall CSOC Success factors and accomplishments**

### **Factor 1: Hospital administration's commitment and funding to ongoing supportive oncology care.**

#### Accomplishments:

- All sites are actively screening cancer patients for their supportive needs, as supported by their administration.
- Staff added to support social work, psychology, nutrition and palliative care at participating CSOC sites.
- Sites added billing codes to their charge masters to include additional revenue / billing for supportive care services as they deemed appropriate (such as for advance care planning). Sinai has received \$20,000 in additional reimbursement in the past 6 months from their initial effort to use identified codes.
- Hospitals provided staff to participate in CSOC design teams (cross hospital, cross site working groups).
- Sites shared experiences with each other through direct mentoring (use of EMR for screening, working with community organizations, business case for psychologist, etc.)
- CSOC sites participated in sharing quality metrics data.

### **Factor 2: Sustainable screening of supportive care needs for all cancer patients at pivotal points**

#### Accomplishments:

- Revised supportive oncology screening tool incorporating: self-care concerns, memory/cognition, simplified spiritual questions, frailty / falls, and revised treatment concerns questions associated with health care power of attorney and advance directives.
- All ten process improvement sites have implemented a supportive oncology screening tool within specific patient populations.
- Sites expanded supportive care screening of cancer patients to more types of cancer patients and to additional care domains. Over 14,000 supportive oncology screens are conducted annually as compared to 800 in 2014.
- Sites continue to expand the points (during the cancer care continuum) of supportive oncology screening, expanding beyond diagnosis/first consult to some frequency in medical oncology clinic visits, infusion center, radiation oncology, surgery, survivorship, and other points in care. The frequency is different by site, some at every visit, others at clinical visits every 3 months.

### **Factor 3: Provision of services to meet patient supportive care needs, including use of follow up reference documents and patient resource listings**

Screened patients, not surprisingly, have many unmet needs. The CSOC has developed several tools to help sites address those needs directly, through educational materials, and through connections with community resources.

### Accomplishments:

- The CSOC Core team and design teams created additional follow up referral documents for each item added to the distress screening tool: self-care concerns, memory/cognition, simplified spiritual questions, frailty / falls, and revised treatment concerns questions associated with health care power of attorney and advance directives. Existing follow up reference documents were also updated to align with changes in guidelines and more detail for specific patient populations.
- Patient Handouts completed for each item on the supportive oncology screening tool (53 patient handouts). These handouts provide information about the concern the patient noted on their screening tool, provide local resources and include a list of national/web/phone resources.
- The patient handouts are available by direct link to [www.cancer-help.me/sleep](http://www.cancer-help.me/sleep). They are available by direct link only as they are tested at sites but will be visible to anyone with access to the [www.supportiveoncologycollaborative.org](http://www.supportiveoncologycollaborative.org) website in early 2019.
- All 10 process improvement sites are using results of the screening tool to identify patient needs and refer them to appropriate resources, doing an excellent job with psychosocial referrals: social work, community organizations.
- The Emotional team and CSOC Core developed a presentation of community resources (all the cancer support centers) and conducted it throughout CSOC sites.
- The Emotional team and CSOC Core created a tri-fold brochure of community resources. This brochure has a section adjusted to include information specific to each CSOC site.
- The Emotional team and CSOC Core have updated the Journey Connections resource list (created in cycle 1), enhanced the information tracked to identify relevant resources for a patient. This spreadsheet was reviewed and updated by a fellow at the Living Well Cancer Resource Center and is available to all sites.
- The Emotional team and CSOC Core created reasons to refer cancer patients to a psychologist and reasons to refer cancer patients to a psychiatrist.
- Geriatric team and CSOC Core created summary document of Life Expectancy Tools for treating clinicians.
- Geriatric team and CSOC Core have created a tumor board checklist for use with geriatric cancer patients to ensure their unique needs are considered.
- Geriatric team and CSOC Core created guidance document “Increase Awareness of Geriatric Considerations for Treating Clinicians” and “Geriatric/Frailty Considerations or Cancer Patients/Families”.
- Geriatric team and CSOC Core created “What is Delirium” handout for cancer patients and families.
- Advance disease team and CSOC Core created “Can You Plan for Everything” brochure for cancer patients with advance disease. Brochure provides personal and practical considerations for patients who are facing uncertainty. A companion brochure was also created for caregivers/family members called “Can You Help Someone Plan for Everything”
- Advance disease team and CSOC Core created and have rolled out the “Cancer Take Charge Card” in two versions: for patients receiving chemotherapy and patients receiving immunotherapy. These cards are adjusted to include information specific to each cancer treatment site.
- Advance disease team and CSOC Core are conducting a survey to assess resources in the community for when specialty palliative care is not available on-site. This survey is of the

82 hospice agencies in the Chicagoland area to collect information about their hospice services and, if they have them, palliative services.

- Advance disease team and CSOC Core created a guidance document for sites that have capacity constraints with outpatient specialty palliative care “Palliative Care in an Outpatient Treatment Environment”.

#### **Factor 4: Educated workforce with consistent understanding of supportive oncology care (via education) and workforce development via participation in design working group**

##### Accomplishments:

- Ongoing networking and workforce development achieved by the design working groups/teams as evidenced by promotions, movement between organizations to higher positions, relationships developed where interactions occur outside of team calls/meetings, and ongoing active participation in design working groups.
- CSOC Core updated all 26 modules (grouped into 14 NCCN courses) to align with updated guidelines through July 2017. Provided updated to National Comprehensive Cancer Center scientists for review and edit, and adjusted audio/video for all modules. These revised modules/courses replaced the original 26 on the NCCN Education Portal and were granted an additional 24 months of CME/CEU credit updated through 08/31/2019.
- Use of NCCN courses has been expanded across all 10 sites. As of 2/8/2018, Over 7,184 courses have been accessed and over 4,748 completed worldwide, 4,491 of those in the US. Completing a course requires a pre-test, taking course, post-test and course evaluation completed and credit granted. In Illinois, over 1,621 courses have been completed. There are 14 courses available, an average of four courses are completed per person.
- The CSOC courses have been featured at the national Survivorship Symposium (ASCO), in CURE magazine and in Oncology Nursing News.
- CSOC Core, with guidance from the Process team, are developing a tool kit for use at sites to support their ongoing quality improvements in Supportive Oncology Care.

#### **Factor 5: Collection of data/metrics to inform health system and payer financial support of supportive oncology care**

##### Accomplishments:

- The Process team and CSOC Core have revised and updated quality improvement metrics collected in the Fall and Spring from CSOC sites. CSOC has metrics for 2014, 2015, 2016 and 2017 across all sites participating (2014 and 2015 metrics are for 6 sites, the 2016 and 2017 metrics are across 10 sites).
- CSOC Core worked with payers to identify billing codes that align with supportive oncology services. Meetings were held with BCBS-IL/HCSO, United, Cigna, and Aetna during cycle 1 and the beginning of cycle 2. These meetings resulted in a list of billing codes that can be used for supportive oncology. Success has been found by sites in using these codes, as such we are not interacting with the payers any longer as we don't want to bring attention to the additional billings they are now receiving.
- The Process Team and CSOC Core developed an executive summary of billing codes including requirements for using, estimated reimbursement rates from Medicare, Illinois Medicaid and private payers, and documentation requirements. These codes are being used

by several sites to increase their reimbursement for: advance care planning, social work counseling, dietician/nutrition (with the limits required by CMS), etc.

- The Process Team and CSOC Core developed documentation templates for specific supportive oncology care events that can be put into electronic medical records. These templates help document the care that patients receive, encourage appropriate care by using guideline content in the templates and support billing through a history of care provided.
- Process design team and CSOC Core designed and are conducting a survey of all participating sites on their current state of supportive oncology reimbursement. The biggest challenge sites are having is adding these new codes to their “billing charge master” and convincing the billing department to allow use of the new codes. This seems like a minor task, but requires a lot of internal calls, meetings and follow up to get the new codes in use.
- Several posters and abstracts have been presented at cancer conferences, which provide local and national exposure to CSOC and high visibility with private payers and guideline committees. Presentations provided at APPHM, NCI Survivorship Meeting, ASCO Survivorship Symposium, American College of Surgeons Quality of Care meeting.

### **Site specific accomplishments served to enhance delivery of supportive oncology**

- University of Chicago using CSOC work to support their Oncology Care Model program with CMS (The Center for Medicare Services). Hired/added several medical assistants to conduct supportive oncology screening as part of a patient’s vital signs. Based on learning from other CSOC sites, moved from an interview-based screening to a patient self-reported screening (on paper).
- University of Chicago has significantly increased the number of referrals to their Supportive Oncology clinic based on supportive care screening.
- Rush continue to improve appropriate referrals. Made adjustment to screening tool to reduce social work referrals to the patients that really want that support.
- Rush added supportive oncology screening into the infusion room. Rush has developed a tablet-based screening tool that works with EPIC EMR (the tablet is accessing a part of the patient’s EPIC EMR, so the results are directly in the system). Rush as implemented a validation process for nurses to review the screening results during vital signs and validate them. The validation generates prompts (suggestions) for referrals that the treating clinician may act on.
- Rush revised their supportive oncology screening brochure (internal) to align with the community brochure (CSOC created) they are also using. CSOC Core worked with Rush on revising their SO internal brochure.
- UIC was planning to implement supportive oncology screening with lung and head & neck cancer patients as part of cycle 2. They moved well beyond that and have implemented supportive oncology screening for all new patients in medical oncology.
- UIC has added two social workers (total of 4 FTE vs 0.9 FTE before cycle 1) and has added a cancer nutritionist.
- UIC used the CSOC NCCN training courses as a Quality Improvement project for their Commission ON Cancer Accreditation and have trained over 80 staff.
- Jesse Brown VA is pursuing adding a full-time psychologist to work with cancer patients. The results of supportive oncology screening have provided proof of the high need of

psychosocial support for Veterans with cancer. Joanna Martin and her psychology fellows have identified a higher rate of PTSD in Veterans who are cancer patients (the cancer diagnosis and the treatment are increasing PTSD symptoms) and these patients needs appear higher than in other populations.

- Jesse Brown is working with The Cancer Support Center (south suburbs) and Gilda's Club Chicago to better support their patients.
- Stroger has added CSOC screening tool into their Cerner Medical Record, to be manually entered by nurses. The tablet tool is being integrated with Cerner as well but as the tablet is not always available Stroger is using paper some of the time.
- Stroger is building a new cancer center, where all cancer clinics will be co-located. This will allow for consistency of screening, better access to the ACS navigator, the psychologist and other services (to open late October 2018).
- Sinai has implemented a dedicated supportive oncology clinic 3 afternoons a week with participation from: Advance Practice Nurse (palliative), Social Worker, nutritionist, physical therapy, chaplain, financial counselor, oncology pharmacist and others as needed. All cancer patients are sent to the supportive oncology clinic after they initiate treatment at Sinai. The CSOC screening tool is filled out by patients during treatment visit to identify what supportive services they need.
- Mercy is added an inpatient palliative specialty APN to replace the APN that left . Mercy has also added back a full-time social worker, a genetic counselor and is planning outpatient palliative access with the inpatient APN. Mercy continues a strong relationship with Wellness House with services at Mercy provided by Wellness House.
- Loyola has implemented supportive oncology screening within the breast and head & neck oncology clinics. They have also expanded screening to Burr Ridge clinic and Radiation Oncology.
- Loyola has added a second full time psychologist to their cancer program.
- Loyola is working with their parent company (Trinity) to re-design their cancer center's palliative program with a focus on improving outpatient palliative services.
- Methodist UnityPoint (Peoria) has developed a new strategic plan for their cancer care services and are employing more physicians to support cancer patients, rather than relying on external partners. This change is to improve the quality of care that their patients receive. The CSOC project highlighted some challenges in their existing care that they are strategically addressing.
- Methodist Unity Point (Peoria) have added navigators to support their cancer patients through the process. These navigators use the CSOC screening tool to identify patient concerns / needs and work to address those needs.
- Northwestern has implemented NMPRO (Northwestern Patient Reported Outcome) screening [their version of the CSOC screening tool] throughout their cancer program. This screening is addressing psychosocial needs of patients very well.
- Northwestern has identified over \$400,000 in additional annual revenue from billing for social workers using billing codes CSOC identified.
- Northwestern improved the internal process to refer patients from their therapeutics program (metastatic cancer patient) to their outpatient palliative care clinic
- Northwestern has planning clinic where cancer patients go to create advance care plans.

### CSOC Abstracts, Posters and Presentations

<b>Topic</b>	<b>Meeting</b>	<b>Method</b>
"Brief Spiritual Well-being Screening is Non-linearly Related to Psychological Distress in Ambulatory Cancer Patients"	Psycho-Oncology publishing Fall 2018, already accepted	Paper
Incorporating geriatric patient reported outcomes into novel screening tool of distress and supportive care concerns.	2018 ASCO Annual Meeting, also presented at 2018 ASCO Quality Care Symposium	Poster
Utilization of a web-based supportive oncology training curriculum for healthcare professionals (HCPs).	2018 ASCO Annual Meeting, also presented at 2018 ASCO Quality Care Symposium	Poster
"The Relationship Between Cancer-Related Distress and Biophysical Concerns Among Veterans in Outpatient Oncology"	Society of Behavioral Medicine 2018	Poster
Are we almost there yet? Implementing a Supportive Care Clinic in a Under Resourced Hospital	Association of Oncology Social Workers	Poster
Examining the prevalence of cancer related distress among a group of urban-dwelling veterans.	AAPHM, 2018 Annual Assembly of Hospice and Palliative Care	Presentation
Utilization of a web-based survivorship and supportive oncology training curriculum for clinicians	2018 Cancer Survivorship Symposium	Abstract/Poster
Piloting a supportive oncology screener with adult survivors of childhood cancers	2018 Cancer Survivorship Symposium	Abstract/Poster
Piloting a screening tool in a breast cancer survivorship clinic.	2018 Cancer Survivorship Symposium	Abstract/Poster
Raising all boats in supportive oncology: Initial impact of the Coleman Supportive Oncology Collaborative	Palliative and Supportive Care in Oncology Symposium	Abstract/Poster
Results of implementing a novel supportive oncology screening tool for comprehensive evaluation of distress and other supportive care needs	Palliative and Supportive Care in Oncology Symposium	Abstract/Poster
Screening for Supportive Oncology Patient Concerns, Analyzing Impact and Opportunities to Improve Spiritual Questions affecting navigation to spiritual resources	AONN 2017	Abstract/Poster
Implementing an innovative distress/supportive care screening tool in a lung cancer clinic	THE IASLC 18TH WORLD CONFERENCE ON LUNG CANCER	Abstract/poster
Identifying Palliative Care Needs in Stage IA to IVC Lung Cancer Patients	IASLC 2017 Chicago Multidisciplinary Symposium in Thoracic Oncology	Abstract / poster
Improving quality of breast cancer care delivery through a written treatment and supportive care plan that incorporate patient reported outcomes/concerns	2017 Cancer Programs Conference: Creating a Culture of Quality; an American College of Surgeons Cancer Program	Presentation
Community-Based Application of Supportive Oncology and Survivorship Care: The Coleman Supportive Oncology Collaborative	Cancer Survivorship Symposium	Oral Presentation
Supportive Oncology Care - An NCCN Online Educational Series	2017 NCCN Annual Conference	Abstract/Poster

<b>Topic</b>	<b>Meeting</b>	<b>Method</b>
Pilot Results of Consolidated Screening Tool for Distress and Supportive Oncology Needs	2017 NCCN Annual Conference	Abstract/Poster
Supportive oncology and survivorship care: Initial impact of the Coleman Supportive Oncology Collaborative.	2017 ASCO Quality Care Symposium	Abstract/Poster
A consolidated screening tool for supportive oncology needs and distress.	2017 ASCO Quality Care Symposium	Abstract/Poster
How Do We Chart a New Course for a System in Crisis? A Multi-Center, Regional Collaborative to Improve Supportive Oncology Care	2017 American Academy of Hospice and Palliative Medicine (AAHPM)	Oral Educational Session
Training a survivorship care workforce with a novel web-based training curriculum.	2017 Cancer Survivorship Symposium	Abstract/Poster
Patient screening tool as input to the survivorship summary of care plan appointment.	2017 Cancer Survivorship Symposium	Abstract/Poster
Supportive oncology and survivorship care: Initial impact of the Coleman Supportive Oncology Collaborative.	2017 Cancer Survivorship Symposium	Oral Presentation
Questions for Your Survivorship Appointment: A Tool to Screen for Patient Concerns	7 <sup>th</sup> Annual AONN+ (Academy of Oncology Nurse & Patient Navigators <sup>®</sup> ) Conference	Abstract/Poster
Supportive Oncology Collaborative: Initial impact of supportive oncology screening and care.	2016 Palliative Care in Oncology Symposium	Abstract/Poster
Design and Implementation of Supportive Oncology and Survivorship Care Across Chicago Communities: The Coleman Supportive Oncology Collaborative	8 <sup>th</sup> Biennial Cancer Survivorship Conference	Poster
How well are cancer centers addressing supportive oncology needs?	2016 ASCO Quality Care Symposium	Abstract/Poster