

Supportive Care Summit

Overview of CoC Standards “In Action”; The City of Hope Experience – Matt Loscalzo

Supported by: Astra Zeneca



This program is a benefit of membership.

Association of Community Cancer Centers



ACOS CoC Standards “In Action”...

The City of Hope Experience

Matthew Loscalzo, LCSW
Executive Director and Professor-Department of Supportive Care
Professor Population Sciences
Administrative Director- Sheri & Les Biller Patient and Family Resource Center
City of Hope-National Medical Center
Duarte, California



Disclosures

- NCI funding
- Novartis
- SupportScreen royalties

Outline

- Context of unique opportunities
- Alchemy of biopsychosocial screening, navigation and survivorship planning and way beyond
- The program at City of Hope
 - Vision, Mission and Structure
 - Technologies

Take Home Messages

- Supportive Care is an idea whose time has come
- Incentives for supportive care on multiple levels are imminent
- Value = $\frac{\text{quality} + \text{Access}}{\text{cost}}$
- Patient satisfaction now (Medicare Star Ratings)
- Pay for Performance soon (physicians, hospitals, etc.)
- Psychosocial care will increasingly be seen as an essential element of care
- **Inherently disruptive to a fragmented system and potentially transformative to health care system (*culture change*)**
- Profession-centric models are inimical to patient and family centered care and will not survive
- We need each other (very goodly!)





"Please, Lord, enough already."

7

Making the Quality, Value and Access Connections

- Distress Screening
- Patient Navigation
- Survivorship
- Links Patient and Family Centered to Person Centered Care
- Once in a life time opportunity!

A Few Benefits

- Orients to context
- Informs
- Educates
- Motivates
- Advocates
- Triage
- Coordinates care
- Communicates across settings
- Documents
- Enhances clinical care and new knowledge
- Essential to person centered care
- Meets standards

Limits as Opportunities

- Communication and Coordination of care as major complaints of patients, families, professionals, payers
- Technology, teams and reimbursements are not aligned (yet) to support person-centered care
- Complexity leads to confusion, high *stress—but great opportunity* for teams of clear and focused minds who share values
- Values, Benefits and Outcomes need to be clarified

Alchemizing the ACOS Standards

- Biopsychosocial Distress Screening, Patient Navigation & Survivorship is the connective tissue that has the potential to integrate the cancer experience in form, content and the absolute need to integrate resources across the health care continuum and especially across settings—from day one!

City of Hope Experience and Way Beyond: Essential Lessons Learned

- Patient and families are extremely open to programs that are time sensitive, relevant and integrated with overall care
- Institutions large and small have cultures that are risk-averse, hierarchical, avoidant of the psychosocial aspects of the human experience and too frequently hampered by turf struggles
- Never, ever, before has there been such an opportunity for collaborations that can make a difference, starting today! (Subtle Call to Action)

“Surprises” from Screening, Navigation and Survivorship Planning

- Convenient Ignorance
- Poor coordination and communication within and across setting
- Reality of number & complexity of background social problems especially poverty
- Large number of patients/families who do not want our help
- Hidden team conflicts affecting medical care
- Lack of respect for colleagues
- Level of victimhood & narcissism in health care professionals

Why Supportive Care Now: Process Drives Practice

- Aging population
- Financial crisis nationally
- Uncontrolled growth of health care costs especially for chronic diseases in last months of life
- New very expensive treatments with little or no overall survival or quality of life benefit
- Consumerism and desire for more control and choice
- Affordable Care Act
- The expertise now at a critical mass
- Extends life in some populations
- Evidence that supportive care increases
 - Value = $\frac{\text{quality}}{\text{cost}}$



Because This is Where the Money is!



Mitchell P, Wynia M, Golden R, Mc Nellis B, Okun S, Webb CE, Rohrbach V and Von Kohorn I. *Institute of Medicine, Core Principles & Values of Effective Team-Based Health Care*. October 2012.

Flipping the Switch on Revenue Source

Changing Sources of Revenue



© 2011 THE ADVISORY BOARD COMPANY • 2581A

Source: Oncology Roundtable interviews and analysis

City of Hope Experience

- Built on initial program from 1993 and hundreds of trainees from over 100 settings as part of ongoing NCI training grants
- Now includes 5 other cancer settings and 13 community-based satellites
- Strongest integration is with Biopsychosocial Distress Screening and Patient Navigation (~20,000 patients and caregivers screening, triaged and educated)
- Survivorship now integrated with touch screen instrument and processes
- We are not there yet! No one is!

City of Hope National Medical Center



"There is no profit in curing the body if in the process we destroy the soul"

- Founded in 1913
- NCI-Designated Comprehensive Cancer Center
 - rated in top 20 cancer hospitals by US News & World Report
- Greater than 7,500 new in-patients and 150,000 outpatient visits annually
- Performed over 10,000 bone marrow and stem cell transplants
- Currently sponsors more than 300 clinical trials
- Researchers developed two blockbuster technologies
 - recombinant human insulin and monoclonal antibodies



Staff Leadership Model

Actively seeks to create and continually improve an environment where all persons, regardless of their place in the social and professional hierarchy, are given ongoing opportunities to maximize their influence and creativity within their own specialty areas and within the larger culture

...in other words

- Staff leadership is leading from any chair



Dear (Name),

Congratulations!

We are very excited that you will be joining the Department of Supportive Care Medicine team at City of Hope. In addition to communications you have already received, or will receive, please have a look at the following information.

Employee Orientation Guide

Please find attached our Department's Employee Orientation Guide, developed as an orientation and ongoing informational tool by your colleagues. This Guide contains the Vision and Mission statements for the Department, the Department's organizational chart, descriptions of the various divisions under the integrated umbrella of the Department, and photos of your new colleagues.

In the Employee Orientation Guide, you will also find a description of the Staff Leadership Model and High Performance Team which are cornerstones of the Department of Supportive Care Medicine. Equally important is our commitment to always strive to be equally patient and family-centered *and* committed to profoundly respecting and actively supporting one another. Our Department's integration and success depend upon everyone's attendance at bi-monthly Department Leadership Meetings and our annual Department Retreat, which takes place on a Saturday, typically in May or June.

Finally, you will find some practical information in the Employee Orientation Guide, including eating options on campus, ATM locations, our medical library, information about our computer systems, and more. We hope you will find this guide to be helpful!

We Are Ready for You

You will have an assigned "buddy" who will help orient you in your first few months and will be available to you for any questions or concerns. Your "buddy" will meet you on your first day.

You will also receive a 30-Day On-Boarding Plan that will help you navigate your first month at City of Hope. This informational check-list will help insure that you are introduced to key colleagues across the Department and Institution, receive necessary training and information, and help enable a smooth transition.

Communication & Commitment

Please confirm, by replying to this email, that you have received this information, that it is consistent with your understanding of the Department culture and that you are committed to being an active participant in creating the best program of supportive care medicine in the world. Should you have any questions or concerns, please do not hesitate to call me.

We look forward to working with you.

Sincerely,
(Signed)

How The Team Does It?

- The team is primary
- Yearly retreats
- Work teams
- Bi-weekly staff leadership meeting (90% Team led, Call outs, Role plays)
- Bi-weekly directors meetings
- Team interviews
- Creates hiring criteria
- Performance evaluation criteria
- Mid year verbal performance evaluations
- Yearly formal comprehensive performance evaluations
- Frequent “ Check ins” at all levels
- Professional development
- Employee wellness events
- Rewards and recognition
- Leadership seminars

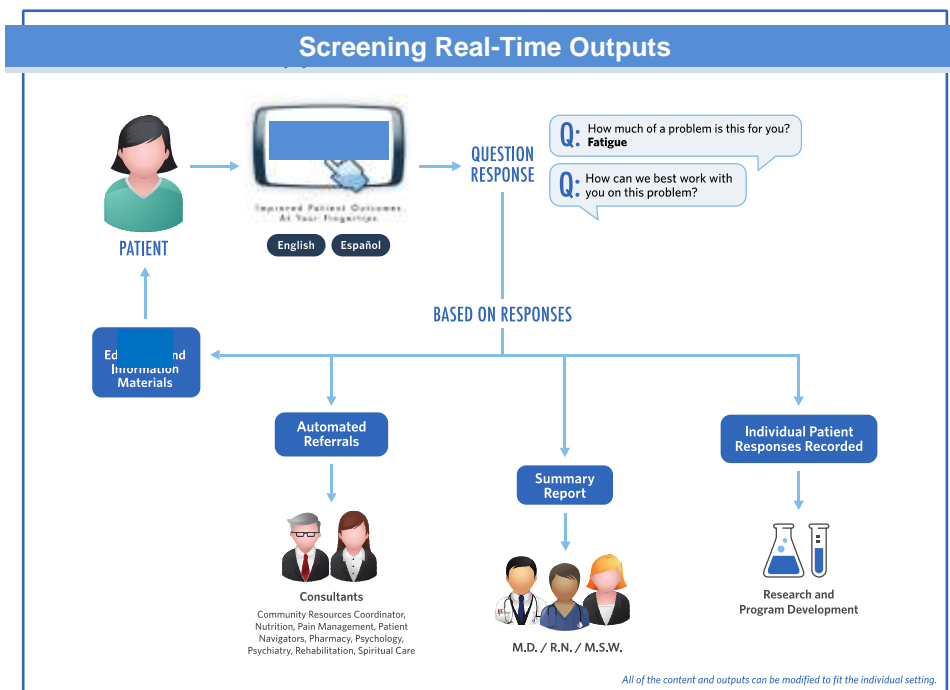
Release the big Me in Us as the Foundation


Communities, Philanthropists, Hospitals, Departments,
Professionals, Patients and Families

Patient-Driven Triage

Clearly defined clinical triage system for all services driven by patient need

Social Work	Psychology	Psychiatry	Pain/Palliative Medicine
<ul style="list-style-type: none"> Does not require consult request form 	<ul style="list-style-type: none"> Fax consult request Doctor-doctor contact needed for urgent consult 	<ul style="list-style-type: none"> Fax consult request Doctor-doctor contact needed for urgent consult 	<ul style="list-style-type: none"> Fax consult request Doctor-doctor contact needed for urgent consult
Phone: x63874 Fax: x65331	x64761 x68798	x64761 x68798	x63991 X68798
<ul style="list-style-type: none"> Urgent assessment of suicidal, homicidal or upset patients Adjustment to illness Coping skills Stress management Family counseling Advanced directives Suicide assessment Community referrals Bereavement End-of-life counseling Compliance enhancement 	<ul style="list-style-type: none"> Assessment stabilization of illness-related distress including: <ul style="list-style-type: none"> Adjustment to illness Psychological stability for treatment Medical compliance Stress & coping Body image & sexual functioning Neuropsychological functioning Inpatient & outpatient consultation available 	<ul style="list-style-type: none"> Assessment & treatment of altered mental state Pharmacologic treatment of depression, anxiety & agitation Substance dependence Psychiatric stability for treatment 	<ul style="list-style-type: none"> Pain and symptom assessment & management End-of-life communications Goals of care discussions Diarrhea/Constipation Nausea/Vomiting Sedation Substance abuse consultation





Introduction



Dear Test,

Welcome to City of Hope, where we partner with you and your family to get the most out of your medical care. Our goal is to provide you and your family with comprehensive and compassionate care.

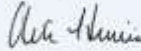
To get started, please complete the *You, Your Family and City of Hope are a Team* touch-screen program.

Your answers to these questions will be shared with the team and will enable us to begin working together as a team to address any concerns or problems related to your care at City of Hope.

To respond to the questions, simply use your finger to touch the button that best represents your situation.

To move backwards touch the back button. You do not need to use the next button. The screen will automatically move to the next page after the two questions on each page are completed.

Sincerely,



Please touch the button below to begin

Touch here to begin

How Much Of A Problem Is This For You? **Health Insurance** Severity Rating 1-5

Not a Problem
 Mild Problem
 Moderate Problem
 Severe Problem
 Very Severe Problem

Prefer not to answer
 Do not know

How Can We Best Work With You On This Problem? Level of Assistance

Provide Written Information
 Talk with a Member of the Team
 Written Information & Talk with Team Member
 Nothing Needed at this Time

Item Format

Moderate to Very Severe Response

You, Your Family and City of Hope are a Team

How Much Of A Problem Is This For You? **Sleeping** Severity Rating 1-5

E-Mail Summary Report Example

Anderson Dr. Bethon Yuh

Your patient, XXXXXXXX [MM/DD/YYYY], was on 02/20/15 10:07:33 PM, is reporting help from you or a member of your team.

MD:

- Preferred spoken language - SPANISH
- Race/Ethnic background - LATINO/HERNANDO
- Patient is experiencing pain at this time
- Requested information on alcohol/trials
- Address/Zipcode - Tac, but COH does not have a copy
- Have you had a discussion with your loved ones about who you would want to speak for you (your decision maker) and what your wishes are - Tac, I have discussed with my immediate family

FEELING:

- Sleeping - MODERATE PROBLEM (IDU materials provided)
- Controlling my urine or stool - MODERATE PROBLEM (IDU materials provided)
- Pain - SEVERE PROBLEM (IDU materials provided)

ADVICE:

- Transportation - MODERATE (ADW info provided)
- Being unable to take care of myself - MODERATE (ADW info provided)

Other:

- Would you like to receive information about upcoming courses and events at City of Hope? Please type your e-mail address below. (This information will not be shared with another entity). XXXXXXXX@GMAIL.COM

Survey Title: ACCO Support/Screen - English

Survey Language: English

If you have any questions or concerns about this screening process please contact Matthew Lombardi at mtolomb@coh.org



SupportScreen in the EMR Under “Documents” Tab

The screenshot shows the EMR interface with the 'Documents' tab selected. The main content area displays a table of documents. The table has columns for 'Document Name', 'Status', 'Reviewed', 'Signed in Full', and 'General'. The document 'Support Screen' is highlighted in blue. The interface also includes a search bar and various filters on the left side.

Document Name	Status	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General
Support Screen	Complete	Reviewed	Signed in Full	General

Example of Information Provided in Real-Time

Reducing Barriers to Pain and Fatigue Management

Strategies to Help with Promoting Sleep

Sleep Hygiene Strategies:

- Avoid coffee, tea, chocolate, soft drinks before going to bed
- Avoid exercising 2-4 hours before bedtime
- Sleep in a dark, cool, quiet, and relaxing room
- Develop a bedtime ritual (i.e. warm milk before bedtime)
- Use your bed only for sleeping and intimacy
- If possible, go to bed at the same time each night

Sleep Restriction Strategies:

- Add one additional hour of sleep if you feel ill or feel unable to get up at the scheduled time in the morning
- Limit naps to no more than two every day, each lasting less than an hour

Relaxation Strategies:

- Take a warm shower or bath before going to bed
- Listen to soothing music
- Use meditation, massage, progressive relaxation, or other strategies to decrease stress

Trusted by NCI



Patient Navigators Integral to Screening

- Build collaborative relationships with physicians, clinic managers and other staff
- Guide integration into clinic workflow
- Respond to screening-generated referrals for navigation assistance
- Facilitate in-service training
- Identify opportunities for improvement in processes and recommend enhancements



Top 10 Concerns Identified by City of Hope Patients 2009 – 2015 N = 8,170

Concern	Mean % High Distress
Sleeping	38%
Finances	37%
Fatigue	35%
Side effects of treatment	33%
Pain	31%
Feeling anxious or fearful	27%
Walking, climbing stairs	24%
Fear of medical procedures	22%
Questions or fear about end of life	21%
Bowel movements	21%

What Are Key Benefits of Screening?

- Quickly and efficiently screens, triages, educates patients and caregivers as standard of clinical care
- Organized problem list
- Time saver for assessments
- Streamlines triage and referral to appropriate resources
- Database for research, publications and program development



Big Picture of Screening at City of Hope

- Touch screen implemented in June 2009
- 20,000+ screenings
- 15,500 patients
- 67 physicians
- Distress screening and survivorship questionnaires tailored to specific populations

Where Are We Screening?

Outpatient

- Medical Oncology
- Hematology/HCT
- Breast Cancer Surgery
- Couples Clinic
- Head and Neck
- Plastics
- Gynecology
- Urology
- Pediatrics
- Psychiatry



Additional Programs

- ICU (caregivers)
- Pre-Anesthesia Clinic
- Nursing work flow (inpatient)

...and expanding

Screening Caregivers in the ICU

- Caregiver identifies problems and requests assistance
- Receives written information
- Follow-up by phone or in person for support and educational programs
- Request a family meeting
- Caregiver is replying about his or her own needs



Couples Program

- Developed distress screening tool specifically tailored for patients and partners
- Patient and partner complete screening as initial component of first visit
- They tell us what matters most to them and how we can work together as a team
- Patient and partner complete electronic satisfaction questionnaire at end of visit, providing real time feedback on each member of the team

Aligning Patient, Partner and Physician

Question	Patient (19)	Partner (17)
Cure is very likely and is in the range of 76% to 100% for me/my partner	26%	6%
Cure is likely and is in the range of 51% to 75% for me/my partner	0%	6%
Cure is possible but not likely and is in the range of 26%-50% for me/my partner	11%	19%
Cure is not at all likely and is in the range of 0-25% for me. The goal of treatment is to control the disease for as long as possible.	63%	63%
Cure is not at all likely and is in the range of 0-25% for me. The goal of treatment is to focus on comfort, time with family and quality of life.	0%	6%

Mortimer J, Pal S, Waisman J, Beherndt C, Clark K, Bitz C, Loscalzo MJ. 2015


Peds Screen

- Age appropriate versions for patients 8 – 12 and 13 – 20
- Parallel versions for parents
- Questionnaire for parents of children under 8



Survivorship Care Plan - Symptoms

A screenshot of a web-based form titled "City of Hope" and "Breast Cancer: Survivorship Plan - Patient Values". The form is in English and asks the question "Are you experiencing hot flashes or night sweats?". Below the question are two buttons labeled "Yes" and "No". A "Back" button is located below the "Yes" and "No" buttons. The form has a light blue background and a white border.

 City of Hope English - 1 / 34

Breast Cancer Survivorship Plan - Patient Values

Are you experiencing hot flashes or night sweats?

Are you on Tamoxifen?

 City of Hope English - 2 / 34

Breast Cancer Survivorship Plan - Patient Values

Are you experiencing vaginal dryness?


Does it interfere with your quality of life?

 City of Hope English - 3 / 34

Breast Cancer Survivorship Plan - Patient Values

Are you experiencing frequent urination?

Does it interfere with your quality of life?

 City of Hope English - 4 / 34

Breast Cancer Survivorship Plan - Patient Values

Have you experienced weight gain as a result of treatment?

City of Hope English - 5 / 34

Breast Cancer Survivorship Plan - Patient Values

Do you exercise regularly?

No Yes

Back

Current Symptoms Survivorship SupportScreen®

Your patient, [REDACTED], **soon on 9/15/2015 4:09:03 PM**, is requesting help from you or a member of your team.

MD:

- Frequent Urination: Refer to a urologist or anticholinergic medications.
- Lipids: discuss getting lipids checked.
- DEXA: Discuss a bone scan.
- Vitamin D: Discuss getting a vitamin D test.
- Shingles: Discuss getting the Shingles vaccine.
- Worry about Recurrence: Referral to social services to help determine available resources for support.

PE/RN:

- Limited Physical Activity: Moderate
- Walking, climbing stairs: Severe

MSW:

- Feeling down or depressed: Moderate
- Fatigue: Moderate
- Worry about the future: Moderate

Other:

N/A

Survey Title: Breast Survivorship

Survey Language: English

Attention Dr. Joanne Mortimer,

Your patient, _____, seen on 9/15/2015 3:00:41 PM, is requesting help from you or a member of your team.

MD:

- Night sweats, discuss Gabapentin, Effexor, or an SRI
- Vaginal dryness: recommend a moisturizer and/or lubricant.
- Lipids: discuss getting lipids checked.
- Shingles: Discuss getting the Shingles vaccine.
- Arm Swelling: Referral to occupational therapy for exercise/possible garment fitting.
- Worry about Recurrence: Referral to social services to help determine available resources for support
- Pain: Moderate

PE/RN:

- DEXA: request latest bone scan results.
- Vitamin D: request latest vitamin D results
- Sleeping: Moderate

MSW:

- Feeling anxious or fearful: Moderate
- Fatigue: Moderate
- Managing work, school, or home: Moderate

Other:

N/A

New and Evolving Programs

- Chinese SupportScreen
- Smoking cessation program
- Geriatric Assessment
- Automated template documentation for Family meetings





A National Cancer Institute-funded Training Program in Supportive Care Programs at No Co\$t for Competitively Selected Trainees

- Learn how to build, maintain and grow supportive care programs of excellence
- Workshop is scheduled for **April 21-23, 2016 in Monrovia, CA**
- *Featuring:* **Susan Block**, Dana Farber Cancer Institute and **Joseph Simone**, Simone Consulting
- Receive up to 21 AMA PRA Category 1 Credits

APPLY NOW !

For further information please email us at buildprograms@coh.org

Visit us at www.supportivecaretraining.com

Funded by NCI of the NIH-Award # R25CA160049



A National Cancer Institute-funded Training Program in Distress Screening at No Co\$t for Competitively Selected Trainees

- Learn how to successfully implement biopsychosocial screening programs of excellence
- Workshop is scheduled for **March 1-2, 2016 in Duarte, CA (Los Angeles County)**
Training Program is followed by *APOS Meeting* on March 3-5, 2016 in San Diego, CA
- Receive up to 30 AMA PRA Category 1 Credits
- Complementary 2 night hotel stay provided

APPLY NOW !

For further information please email us at screeningprograms@coh.org

Visit us at www.supportivecaretraining.com

Funded by NCI of the NIH-Award # R25CA174444