

# 2019 Cancer Committee Program Outcomes





**Vicky McGrath**

*MBA, BSN, RN, OCN*

Director,  
Cotton O'Neil  
Cancer Center

## Cotton O'Neil Cancer Center

At the Cotton O'Neil Cancer Center we see over 20,000 clinic visits annually. Together we take care of them as individuals as they each have their own unique story, challenges and victories. I applaud our team in their efforts to keep patients at the center of everything that we do. We offer a variety of services and the most advanced treatment options. Cancer is what we know and do. We take care of individuals holistically every day and make every experience the best.

On behalf of the multidisciplinary Cancer Committee of Stormont Vail Health and the entire cancer center team, we are pleased to present our 2019 program outcome report.



## Adult Medical Oncologists/Hematologists



**David E. Einspahr, M.D.**

**Medical Degree:** University of Nebraska School of Medicine, Omaha

**Residency:** University of Kansas Medical Center, Kansas City

**Fellowship:** Medical Oncology and Hematology; University of Kansas Medical Center, Kansas City, KS

*Dr. Einspahr has been a Cotton-O'Neil physician since 1991.*



**Mehmood Hashmi, M.D.**

**Medical Degree:** Dow Medical College, Karachi, Pakistan.

**Residency:** Internal Medicine, University of Oklahoma Health Sciences Center, Oklahoma City, OK

**Fellowship:** Hematology/Oncology, University of Kansas Medical Center, Kansas City, KS

*Dr. Hashmi has been a Cotton-O'Neil physician since 2012.*



**Muhammad A. Salamat, M.D.**

**Medical Degree:** Rawalpindi Medical College, University of Punjab, Pakistan

**Residency:** Internal Medicine, Vanguard West Suburban Medical Center and Rush Oak Park Hospital, Chicago, Ill.

**Fellowship:** Hematology/Oncology, Saint Louis University School of Medicine, St. Louis, MO

*Dr. Salamat has been a Cotton-O'Neil physician since 2013.*

## Adult Medical Oncologist



**Daulath Singh, M.D.**

**Medical Degree:** Gandhi Medical College, Secunderabad, India

**Residency:** Internal Medicine, University of Missouri – Kansas City School of Medicine, Kansas City, MO

**Fellowship:** Hematology & Oncology, Loyola University Medical Center, Maywood, IL

*Dr. Singh has been a Cotton-O'Neil physician since 2020.*



**Brandon Weckbaugh, M.D.**

**Medical Degree:** St. George's University School of Medicine, Grenada West Indies

**Residency:** Internal Medicine, University of Kansas School of Medicine, Kansas City, KS

**Fellowship:** Hematology & Oncology, University of Kansas School of Medicine, Kansas City, KS

*Dr. Weckbaugh has been a Cotton-O'Neil physician since 2020.*



**Edwin L. Petrik, M.D.**

**Medical Degree:** University of Kansas School of Medicine Internship at Wesley Medical Center, Wichita

**Residency:** University of Kansas Medical Center  
Clinical Associate Professor in the Department of Medicine Oncology at the University of Kansas School of Medicine

*Dr. Petrik has been a Cotton-O'Neil physician since 1988.*

## Pediatric Medical Oncologists/Hematologists



### **Youmna Othman, M.D.**

**Medical Degree:** American University of Beirut, Beirut, Lebanon

**Internship/Residency Pediatric:** Women and Children's Hospital of Buffalo, Buffalo, N.Y.

**Fellowship Pediatric Hematology/ Oncology:** University Hospitals, Case Medical Center/Rainbow Babies and Children's Hospital, Cleveland, Ohio

*Dr. Othman has been a Cotton-O'Neil physician since 2012.*

## Radiation Oncologists



### **John Ma, M.D., PhD**

**Medical Degree:** University of Mississippi School of Medicine, Jackson, MS

**Residency:** Radiation Oncology, University of Mississippi Medical Center, Jackson, MS

**Fellowship:** University of Mississippi Medical Center, Jackson, MS

*Dr. Ma has been a Cotton-O'Neil physician since 2020.*



## Standard 4.1 & 4.2 Prevention & Screening Programs

### High Risk Breast Cancer Screening

#### Community Need/Problem

Shawnee county breast cancer screening rates at 68%. Kansas breast cancer screening rates are 63%. Within Stormont Vail Health breast cancer screening rates at 77.7% with a goal of 90%.

#### Screening goal

To reach high-risk women as defined by the National Cancer Comprehensive Network who are overdue for a screening mammogram.

#### Activity

During our annual skin-screening event, we met with women to inquire if their screening mammograms were up to date. During the discussion we asked women to complete a short questionnaire that was entered into an online risk assessment tool that determines 5-year and lifetime risk of developing breast cancer. The results were discussed with the patient, mammograms were scheduled if overdue or due and not scheduled, patients offered appointment with oncologist if they had a strong family history of cancer. Community resources provided for mammogram funding through the Race Against Breast Cancer and the Early Detection Works.

#### Effectiveness

Twenty-eight women completed the assessment tool. Twelve women found to be overdue for a screening mammogram. Eight women scheduled their screening mammogram with a 75% completion rate.



## Standard 4.4 Accountability Measures

Each calendar year, the expected Estimated Performance Rates (EPR) is met for each accountability measure as defined by the Commission on Cancer.

Accountability Measure	Goal	Performance
Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	90%	97.60%
Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer	90%	95.80%
Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with $\geq 4$ positive regional lymph nodes	90%	100%

## Standard 4.7: 2019 Study of Quality Use of PET in Routine Follow-up of Oncology Patients

### Problem

Denials due to lack of medical necessity related to PET scans. Potential loss of revenue January – October 2019 \$46,837.39. Concern that providers were not following the Choose Wisely campaign initiative to avoid use of PET-CT scanning as part of routine follow-up care to monitor for a cancer recurrence in asymptomatic patients who have finished initial treatment to eliminate the cancer.

### Background

In 2012, the American Society of Clinical Oncology (ASCO) supported the Choosing Wisely initiative championed by the ABIM Foundation. The goal of the initiative is to promote conversations between providers and patients by helping patients choose care that is necessary, supported by evidence, not duplicate and free from harm. ASCO listed 10 oncology specific categories of tests, procedures, and/or treatments whose common use and clinical value not supported by evidence and should have careful consideration prior to ordering.

### Methods

#### Study Design

Medical necessity denials January – October (9) from PET-CT department were reviewed along with a 100% review of completed exams on Medicare patients January – June that were identified as having a follow up exam. Excluded were other insurance payers as well as any patient with an initial exam.

Sample size = 69



### Procedure

To assess an endorsed initiative supported by ASCO the committee examined the Choosing Wisely oncology test to avoid using PET or PET-CT scanning as part of routine follow-up care to monitor for a cancer recurrence in asymptomatic patients who have finished initial treatment to eliminate the cancer unless there is high-level evidence that such imaging will change the outcome. Reviewed was the PET-CT patient list for January – June 2019 of patients with Medicare with a follow-up scan and the nine patients that had medical necessity denials January – October 2019. The total number of Medicare patients with completed exams for a PET scan was 60 and nine patients with completed PET scans with a medical necessity denial were considered eligible to be reviewed as part of this study.

### Findings


Data collection revealed that of the 60 eligible Medicare PET scans completed, 17 patients (28.4%) continued on active treatment, one patient (1.6%) was on a clinical trial and, and 42 patients (70%) did not have a PET scan ordered as part of their routine follow-up care. Of the nine patients with a medical necessity denial, two patients (22%) were initial staging exams, three patients (33%) one had a lung mass, not biopsied, one with unclear documentation as to reason and one with questionable abdominal vasculitis. The remaining four patients (44%) all had prostate cancer and the exam was an Axumin PET scan (fluciclovine F18), which is indicated for men with prostate cancer with suspected prostate cancer recurrence based on elevated prostate specific antigen (PSA) levels following prior treatment.

### Limitations

Not all patients with completed exams reviewed and patients with Axumin scans not reviewed for compliance with evidence based guidelines or indication. No details if revenue was actually loss as part of this study.

### Conclusion

The findings of this quality study was positive in the fact that providers are not ordering PET scans for asymptomatic patients in follow-up and are not the cause of the medical necessity denials. An interesting find was the medical necessity denials of the Axumin scans, which needs to be investigated further. Also noted is the three patients that had completed exams that possibly should not of been completed but got through the system of checks, further investigation in regards to this is warranted as well.



## Standard 4.8 Quality Improvements

Problem: Outpatient blood transfusion orders from the cancer center do not contain required elements needed 86% of the time.

Goals/Targets At least 50% of blood administration orders to contain all required elements

### Counter Measures

- Review inpatient order set to make sure it contains all required elements
- Build new outpatient order set to replicate inpatient blood and add any additional elements needed for order set
- Grant report access to Vicky that was created for infusion center for reporting purpose
- Train staff on new order set
- Track use of order set Results Improvement from 14% to 100

Lean A3 Project Title:		Owner:	Sponsor:	Team Members:	Date:	A3 U:																
Outpatient Blood Administration		Vicky McGrath	Deb Yocum	Vicky McGrath RN Sam LeBurgis RN Amy Karle LPN Aucalle Sanders RN Trisha Carreno RN Mark Patek -EPIC build team	04/29/19																	
Grasp the Situation	1. Background / Problem Statement:			5. Future State:																		
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