



COMPASSIONATE CARE WHEN IT'S NEEDED MOST

KAISER PERMANENTE NORTHWEST
CANCER CARE
DECEMBER 2018

kpnwcancercare.org

 **KAISER PERMANENTE®**

The Cancer Service Line at Kaiser Permanente has the unique ability to provide an integrated, specialized approach to care that focuses on the needs of each patient.

Our integrated system and multidisciplinary teams encourage earlier detection and superior personal care, delivered with compassion, both of which can lead to positive outcomes.

In 2018, our continued commitment to patient-centered care allowed us to further build out our nurse navigator program, strengthen our multidisciplinary clinics to streamline patient care, and engage our patients in feedback through a newly developed patient survey.

As we look forward to 2019, our team of highly skilled professionals will continue to provide collaborative care, with all specialists working together, from medical, radiation, and surgical oncology; to pathology and radiation; to ancillary services such as physical and occupational therapy and more – making choices and organizing to keep our patients at the center of all we do.



We are all committed to providing care that respects and responds to individual patient preferences, needs, and values. Listening to our patients and their family members is at the heart of providing high-quality, compassionate care.

In 2018, our cancer task forces worked closely with patient advisors, physicians, and care teams to identify specific areas of strength and places for improvement within our cancer program. Having patients’ voices involved with shaping the program is a critical piece of the quality care we provide.

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THE COMPASS TO CANCER CARE

NURSE NAVIGATOR BOBBI PROVANCE

When a patient first receives a cancer diagnosis, it is life-altering. They may become overwhelmed and find it hard to focus on anything else. They often experience feelings of depression or anxiety. At Kaiser Permanente, when a patient receives a diagnosis of prostate cancer, they can rely on a nurse navigator, Bobbi Provance, to support them and their loved ones in making decisions and arrangements around their complex cancer care – helping them find direction. Bobbi describes her nurse navigator role as a “compass,” a guidepost when direction is needed.

Nurse navigators such as Bobbi provide patient support and education from diagnosis through treatment, helping patients make well-informed decisions about their care. Once a professional relationship is developed, the patient and the nurse navigator work through the details of the patient’s care from doing a staging workup, to answering questions and scheduling treatments, and eventually to sharing information on survivorship.

Perhaps the best benefit to our patients is that the nurse navigator takes a holistic approach to each patient, keeping the mindset that everyone has unique needs and

concerns related to treatment options. Getting to know the patient and their personal concerns – things that can’t always be captured in a clinician office visit – is key to building a successful connection. It is this high level of involvement that make the nurse navigator the “go-to person” for our patients, giving comfort to not only the patient but also their entire support system.

“When I was diagnosed with prostate cancer, my head was swimming,” said Richard Jensen. “Everything slowed down, and I thought about so many things, I was completely overwhelmed. After my initial appointment with my primary care doctor, it was Bobbi who helped me get the focus to know what the next steps were. She gave me a pathway forward and helped keep me focused on moving forward and not staying stuck. She has given me hours of time and support and has been invaluable to my treatment.”

When cancer patients follow care plans – staying on track with treatments, medications, and monitoring – they are shown to have better outcomes. This is the role of the nurse navigator. Because of this, the Cancer Service Line continues to make expanding its nurse navigator program a priority.



7 NURSE NAVIGATORS FOR CANCER CARE

- 3 breast cancer
- 1 head and neck cancer
- 1 colorectal cancer
- 1 prostate cancer
- 1 hematologic malignancy/ bone marrow transplant

! ABOUT NATIONAL ACCREDITATION

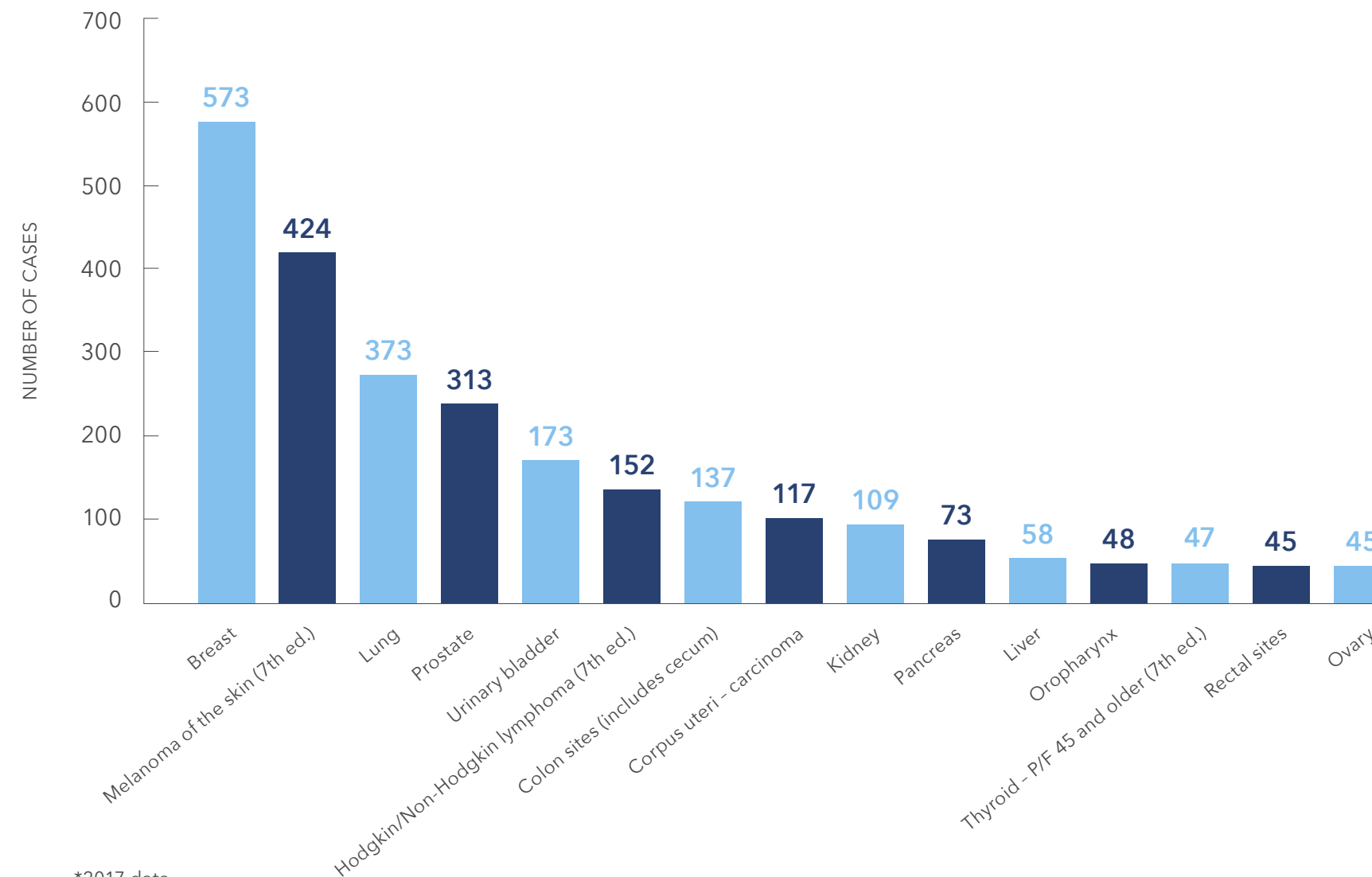
There are more than 1,500 American College of Surgeons Commission on Cancer (CoC) accredited cancer programs in the United States, representing only 30% of all hospitals and treating more than 70% of all patients with cancer. All Kaiser Permanente facilities nationwide are accredited or pursuing accreditation. To earn this prestigious accreditation, a cancer program must meet or exceed 34 quality care standards, be evaluated every 3 years, and maintain levels of excellence in the delivery of comprehensive, patient-centered care.

When patients with cancer seek care at a CoC accredited cancer center, they gain access to comprehensive, state-of-the-art cancer care close to home. At Kaiser Permanente, we take this one step further. Our integrated health care system allows for true multidisciplinary, end-to-end care and treats cancer as a complex group of diseases treated by a team of specialists. Because of this approach, patients have access to clinical trials, new treatments, genetic counseling, and patient-centered services, including psychosocial support, patient navigation, and a survivorship care plan. We improve our patients' quality of life – both before and after cancer.

	Breast Cancer Screening	Cervical Cancer Screening	Colorectal Cancer Screening
2018 HEDIS KPNW	77.4%	82.6%	71.3%
2018 HEDIS 90th Percentile	78.9%	81.8%	72.8%

VOLUME PER PRIMARY SITE*

KPNW CASES PER PRIMARY SITE AJCC 7TH EDITION STAGING GROUP



*2017 data.

HEAD AND NECK CANCER TREATMENT DELAYS: STANDARD 4.6

In 2018, the Head and Neck Cancer Task Force investigated the reasoning behind the time to treatment initiation delay in patients who did not receive treatment within 6 weeks of diagnosis. A total of 7 patients who did not receive treatment within 6 weeks of diagnosis were identified, and their cases were reviewed by a team of multidisciplinary physicians. It was found that 4 of the 7 patients were 1 or 2 days past the 6-week timeline and the cases were complex, with multiple underlying social and health issues outside of the cancer diagnosis. As a result of this review, new workflows and policies have been implemented to streamline care for head and neck cancer patients, including:

- Immediate ordering of PET scans for patients with a new diagnosis to prevent delays in care
- A new triage policy for patients referred to the Ear, Nose, and Throat/Head and Neck Surgery department with a proven malignancy to ensure they will be seen within 1 or 2 weeks of diagnosis
- A new workflow for percutaneous endoscopic gastronomy (PEG) tube placement to help determine when placement is appropriate

STUDY OF QUALITY AND QUALITY IMPROVEMENT: STANDARD 4.7/4.8

The Head and Neck Cancer Task Force and the Radiation Oncology Department have monitored percutaneous endoscopic gastronomy (PEG) tube dependence and the length of time head and neck cancer patients within Kaiser Permanente Northwest depend on PEG tubes – a standard of care for all patients if chemotherapy and/or radiation therapy is part of their treatment plan.

With workflow changes, the amount of time patients rely on PEG tubes has decreased. However, recent literature shows that not placing prophylactic PEGs minimizes treatment delays.

To investigate this, a group of specialists was assigned to review the data and determine if it could be implemented

within Kaiser Permanente Northwest. The action plan for this study was to reduce the placement of prophylactic feeding tubes, guided by newly developed criteria that includes:

- An accurate identification of patients who require PEG tube placement – these patients are identified early in their diagnosis by a care team
- A time-sensitive clinical pathway for placement of PEG tubes coordinated by Radiation Oncology, Medical Oncology, and Gastroenterology, taking place within 7 to 10 days
- Weekly dietician and speech pathology services for patients to help optimize their oral intake and nutrition



CANCER SERVICE LINE TASK FORCES

Kaiser Permanente physicians are continually engaged in providing the most effective patient-centered care for our members. Cancer Service Line task forces provide guided oversight to improving the overall care of our patients – reviewing protocols, sharing decision-making tools, and improving care through collaboration.



Breast Cancer – Amy Morris, MD

- Began standardization of early occupational therapy/physical therapy care for mastectomy patients
- Standardized patient referrals
- Hired 2 nurse navigators
- Completed breast cancer clinical practice guidelines



Central Nervous System Cancer – Thomas Wynne, MD

- Completed spine metastases clinical practice guidelines



Cutaneous Malignancy – Andrew Kroeker, MD

- Task force relaunched in February
- Nearing completion of melanoma clinical practice guidelines
- Evaluation of skin brachytherapy treatment of small cutaneous malignancies



Genitourinary Cancer – Matthew Wagner, MD

- Completed bladder clinical practice guidelines
- Updated prostate cancer patient education materials
- Launched GU-specific tumor board



Gynecologic Cancer – Punprapai Boriboonsomsin, MD

- Completed cervical, ovarian, and endometrial cancer clinical practice guidelines
- Expanded genetic testing for ovarian cancer patients to increase treatment options
- Launched an official semimonthly gynecologic oncology tumor board
- Worked to increase internal awareness of HPV



Head and Neck Cancer – Sunshine Dwojak, MD

- Completed oropharyngeal clinical practice guidelines
- Reduced placement of prophylactic feeding tubes (PEGs)
- Imbedded speech pathologist in radiation oncology
- Held free oral cancer screening event (April 2018) for KPNW and community members



Hematologic Malignancy – Christine Barnett, MD

- Completed comprehensive patient education binder for L&L
- Hired a hematologic nurse navigator
- Streamlined bone biopsy ordering process
- Internalized next gen sequencing



Hepatobiliary Cancer – Pavlos Papavasiliou, MD

- Began the process of developing a real-time patient surveillance tool for hepatocellular carcinoma
- Implemented nutrition screening in the infusion center
- Developing pancreatic adenocarcinoma clinical practice guidelines



Lower GI Cancer – Sungeyun (David) Cho, MD

- Hired a colorectal nurse navigator
- Identified as a study site for the PROSPECT trial to explore newest treatment regimen
- Fully implemented the patient education binder
- Closing gaps to apply to become accredited center for the treatment of rectal cancer



Sarcoma – Philip Wirganowicz, MD

- Completed sarcoma clinical practice guidelines
- Completed sarcoma patient education materials



Thoracic Malignancy – Tasha McDonald, MD

- Decreased time from biopsy/diagnosis to surgery to almost 100% in under 30 days
- Began early lung cancer screening, which increased diagnosis of early-stage lung cancer and reduced late-stage diagnosis, resulting in better outcomes for our patients
- Clinical Laboratory Systems team worked to streamline the process for ancillary molecular test ordering and results reporting in Kaiser Permanente HealthConnect®



FROM PCP VISIT TO LOBECTOMY IN WEEKS

INTEGRATION LEADS TO EARLY DETECTION AND BETTER OUTCOMES

Every summer, Kaiser Permanente member Dawn Livermore takes pride in planting and managing a large, lush garden at her Vancouver home. It's a lot of work, but it keeps her active and brings her joy. A smoker for more than 30 years who has had some breathing issues, Dawn has always managed to keep up with the garden, until summer 2017.

"I've always known, and certainly felt, that smoking affected my lungs. There were times when I had a shortness of breath, and even times when I've had to rely on medications to breath well," she commented. "But last July, I was working in the garden, and I couldn't push my wheelbarrow more than 10 steps without needing to stop and rest."

Dawn knew that this was beyond her usual "smoker cough" or lung capacity issue, so she called her primary care doctor and made an appointment.

During her visit with Joseph Kahn, MD, he listened intently to her concerns and moved quickly to order her an X-ray to help diagnose the problem. Dawn walked down the hall, had her X-ray, and returned to the exam room to learn that there was "something" in the image. Before Dawn left the office, Dr. Kahn had her scheduled the following week for a CT scan. It was just 2 weeks later that Dawn learned she had lung cancer.

Having lost a husband to misdiagnosed tuberculosis that was treated as cancer, Dawn felt panicked. Would she need to endure many painful and expensive tests or, worse, a misdiagnosis and an invasive surgery like her husband?

Much of her anxiety was put aside during her first visit with thoracic surgeon David Tse, MD. "He was very compassionate," said Dawn. "At no time did I feel judged for smoking. I only felt that he cared about getting me healthy and cancer free." It was less than 3 weeks later that Dawn underwent a lobectomy to remove a portion of her top right lobe and the cancerous cells that had been found.

Nearly a year later, Dawn is in remission. Things are still slow going for her, but she quit smoking and has become an advocate for health among her peers. She encourages anyone she meets who has been a longtime smoker to ask for a CT lung cancer screening. And while she doesn't remember exactly where she learned it, she shares the anecdote that if you struggle to breathe going up just one flight of stairs, you're already at 50% of your lung capacity, and recommends making an appointment with your doctor.

Kaiser Permanente was recently acknowledged by the Society of Thoracic Surgeons (STS) for treatment of patients with lung cancer.

The STS recently developed a comprehensive rating system that allows for comparisons regarding the quality of general thoracic surgery among hospitals across the country. Approximately [3%] of participating hospitals received a "3-star" rating, which denotes the highest quality tier.

In the current analysis of national data covering the period from January 2015 through December 2017, the general thoracic surgery performance for lobectomy at Sunnyside Medical Center was found to lie in the highest quality tier, thereby receiving an STS 3-star rating.

Our integrated system focusing on early intervention and screening allows us to achieve strong results in treatment

for lung cancer. Screening includes using a low-dose CT scan on patients 55 to 74 who are at high risk for lung cancer. This test is performed annually if the patient is considered high risk. Patients should be screened annually if they:

- Currently smoke or quit smoking within the last 15 years
- Have a smoking history of at least 30 pack years
- Have no significant health problems that could interfere with the screening or treatment

This was the first year that STS released results for general thoracic surgery. More information about STS and the 3-star rating can be found at publicreporting.sts.org/gtsd.



Kaiser Permanente Northwest has a long tradition of having a significant presence in regional publications. This year, more than 148 doctors and 10 physician assistants were recognized in *Portland Monthly* magazine's Top Doctors lists.

Portland Monthly featured 39 Kaiser Permanente Northwest oncologists and other cancer care specialists as Top Doctors. Physicians throughout Kaiser Permanente Northwest appear prominently on the list.

"Integrated and connected care, as is the model of care in Kaiser Permanente, with all the physicians (oncologists, surgeons, specialists, primary care) as one medical group, using the latest, evidence-based technology and treatments, with one electronic medical record, one pharmacy system – this promotes high-quality, high-value care to our patients."

Imelda Dacones, MD
President and Chief Executive Officer
Northwest Permanente, P.C.

Karen A. Oyama	Pathology	Mary E. Giswold	Surgery – General
Mona Labar	Pathology	Sarah M. Cowgill	Surgery – General
Charlotte L. Tsai	Dermatology	Christopher J. Moran	Surgery – Oncology
Christine M. Barnett	Hematology and Oncology	Pavlos Papavasiliou	Surgery – Oncology
Douglas M. Lackowski	Hematology and Oncology	Philip Z. Wirganowicz	Surgery – Orthopedic
Phoebe E. Harvey	Hematology and Oncology	Jennifer A. Murphy	Surgery – Plastic
Punprapai Boriboonsomsin	Hematology and Oncology	Patricia H. Sandholm	Surgery – Plastic
Ryo A. Shohara	Hematology and Oncology	Eric S. Reid	Urology
Sandeep H. Mashru	Hematology and Oncology	Matthew D. Wagner	Urology
Soames F. Boyle	Hematology and Oncology	Austin D. Jou	Diagnostic Radiology
Katie A. Deming	Radiation Oncology	Joseph P. Shen	Diagnostic Radiology
Tasha L. McDonald	Radiation Oncology	Joshua R. Hill	Diagnostic Radiology
Thomas D. Wynne	Radiation Oncology	Winthrop H. Hall	Diagnostic Radiology
Kraig M. Russell	Hospice and Palliative Medicine	Susan D. Gass	Dermatology
Katherine Tierney	Gynecologic Oncology	Sanjay Chakrapani	Diagnostic Radiology
Norma Steiner	Gynecologic Oncology	Nundhini Thukkani	Gastroenterology
David Gunnmond Tse	Surgery - Cardiothoracic	Rajasekhara R. Mummadi	Gastroenterology
Amit Sadana	Gastroenterology	Waleed Lutfi Lutfiyya	Surgery – Colon and Rectal
Sunshine M. Dwojak	Ear, Nose, and Throat	David P. Parsons	Surgery – Colon and Rectal
Christopher W. Lucius	Surgery – General		



CENTER FOR HEALTH RESEARCH

Clinical trials matter to us. We belong to the largest cancer clinical trial cooperative group in the United States, RG Oncology. In addition, the Kaiser Permanente Center for Health Research (CHR) makes key connections between lifestyle and wellness, disease and its effect on people's lives, and treatment and outcome.

In the past 3 years, more than 2,000 Kaiser Permanente members have participated in over 80 cancer studies through CHR.