Oncology Nurses: Leading the Transformation of Cancer Care

Brenda Nevidjon, MSN, RN, FAAN
Chief Executive Officer, ONS

Our Opportunity - To lead The Cancer Care Environment

Value

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Value

Mortality Flat or Declining

New Cancer Cases 2005-2014
Cancer Deaths 2005-2014

Source: American Cancer Society

New Cancer Cases 2005-2014

Cancer Deaths 2005-2014

Source: American Cancer Society
Source: Oncology Roundtable Cancer Incidence Estimator.

Incidence Will Continue to Rise as Population Ages

National Cancer Incidence Projections 2013-2023

2013 2016 2023
229,176 245,279 263,076
233,280 249,276 267,076
147,902 175,902

2013 2016 2023
Colon & Rectum Lung & Bronchus Breast Prostate

National Growth Trajectories

Outpatient Chemo and Radiation Therapy Visits 2013-2023

2013 2016 2023
7.3 7.8 11.7
7.3 13.1 15.6

National Growth Trajectories

Inpatient and Outpatient Procedures 2013-2018

Traditional Care Pathway

Diagnosis
- Chemistry tests
- Imaging
- Flow cytometry

Prognosis, Planning
- Pathologic tissue staging
- Molecular diagnostics

Treatment
- Systemic cytotoxic chemotherapy
- Bone marrow transplant
- Immunotherapy
- Vaccine therapy
- Clinical trials

Emerging Standards

- Genetic testing
- Targeted therapeutics
- Pharmacogenomics

New Tools Come with Program Needs

The innovations permitting personalized medicine in oncology care require greater per patient costs and investment in supportive infrastructure to ensure success.

Source: The Advisory Board's Inpatient and Outpatient Market Estimator tools; Advisory Board Research and Analysis.
Researchers at Cancer Research UK have reported that in one month, “citizen scientists” have used a new smartphone game, Play to Cure: Genes in Space, to analyze DNA data that would have taken a scientist six months to analyze manually. These figures follow the launch of the new smartphone game in February, in which gamers all over the world can play on their smartphones and simultaneously analyze cancer genetic data.

http://connect.ons.org/issue/june-2014

Payers Concerned about Startling Cost Growth

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer patients as a percentage of total commercially insured population</td>
<td>10%</td>
</tr>
<tr>
<td>Cancer costs as a percentage of the total health care costs incurred</td>
<td>0.68%</td>
</tr>
</tbody>
</table>

Annual Rate of Cost Growth

For Commercial Patient Population

<table>
<thead>
<tr>
<th>Category</th>
<th>Overall</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>9%</td>
<td>28%</td>
<td></td>
</tr>
</tbody>
</table>

Numerous Approaches to Realigning Incentives

Payment Models Piloted in Oncology

<table>
<thead>
<tr>
<th>Model</th>
<th>Complexity and Financial Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee Schedule Adjustments</td>
<td></td>
</tr>
<tr>
<td>Pathway Compliance Bonus</td>
<td></td>
</tr>
<tr>
<td>Episode-Based Pay</td>
<td></td>
</tr>
<tr>
<td>Diagnosis/ Treatment Bundle</td>
<td></td>
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<tr>
<td>Shared Savings</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Providers at risk for population; services billed FFS and providers share in savings if cost kept below pre-determined benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustments to payments to incent greater use of generics, or better payment rates in return for quality initiatives</td>
</tr>
<tr>
<td>Bonus payment for reaching pre-determined pathway compliance rate</td>
</tr>
<tr>
<td>One payment for select component of treatment, can include case management; remember it’s FFS!</td>
</tr>
<tr>
<td>Single payment to both hospital and physician for all services related to care delivered within pre-defined episode</td>
</tr>
</tbody>
</table>
Oncology Quality Measures

<table>
<thead>
<tr>
<th>Survival Outcomes</th>
<th>Process Measures</th>
<th>Clinical Pathways</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-year survival rate</td>
<td>RT administered within 1 year for women &lt;70 receiving breast cancer treatment</td>
<td>Percentage of patients treated “on pathway”</td>
</tr>
<tr>
<td>10-year survival rate</td>
<td>Measures whether care was delivered in accordance with guidelines</td>
<td>More holistic measure of quality</td>
</tr>
<tr>
<td></td>
<td>Possible to be performance to payment</td>
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</tr>
<tr>
<td></td>
<td>Measures quality of care for sub-set of cancer patients</td>
<td>Accounts for costs</td>
</tr>
<tr>
<td></td>
<td>Necessarily focused on one step in larger care pathway</td>
<td>Although all pathways purport to be evidence-based, vendors don’t always provide full transparency into their development</td>
</tr>
<tr>
<td></td>
<td>Very few consensus measures</td>
<td>Requires IT platform to support and monitor</td>
</tr>
</tbody>
</table>

Examples

Pros

- "Gold standard" for measuring patient outcomes
- Reflects quality performance from 5 or 10 years ago
- Because of lag time, not practical to tie to payment
- Data not risk adjusted
- Don’t account for quality of life

Cons

- 5-year survival rate
- 10-year survival rate

Pros

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- Measures whether care was delivered in accordance with guidelines
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Clinical Pathways

- Percentage of patients treated “on pathway”
- More holistic measure of quality
- Possible to be performance to payment
- Accounts for costs
- Although all pathways purport to be evidence-based, vendors don’t always provide full transparency into their development
- Requires IT platform to support and monitor
- Requires all MDs to agree to same pathways

Pros

- Ensures adherence to guidelines
- Pathways built on guidelines therefore adherence establishes baseline for care quality
- Accounts for Cost
- Pathways developed through an evaluation of guidelines to determine which regimen is most effective, least toxic, and – all else equal – least costly for a particular diagnosis
- Reduces Care Variation
- Target compliance rate ensures majority of patients receive care on optimal pathway
- Enables Comparative Outcomes Assessment
- Allows benchmarking of outcomes to identify optimal pathway over time

Cons

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- 10-year survival rate
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Clinical Pathways Value Proposition

Demonstrate Superior Outcomes

- Five-year survival data
- Quality of Life (QOL)
- Patient Satisfaction

Account for Affordability

- Rapid Quality Reporting System (RQRS)
- Quality in Oncology Practice Initiative (QOPI)

Document Care in Accordance with Guidelines

- Clinical pathways – P4, Via Oncology, Innovent
- Medical Oncology Medical Home

Establish the Standard of Care

- CoC
- NAPBC
- ACP

Pathways Slowly Gaining Traction Nationally

Do the Physicians at Your Cancer Program Use Clinical Pathways?

Source: 2012 Oncology Roundtable Quality QuickPoll.
Pathways Slowly Gaining Traction Nationally

Do the Physicians at Your Cancer Program Use Clinical Pathways?

- Do Not Use Clinical Pathways and Do Not Plan to Use in the Next Year (n=96)
- Currently Use Clinical Pathways (n=52)
  - Homegrown
  - Via Oncology P4 Pathways
  - Level I Pathways (Innovent/US Oncology)

Do Not Use Clinical Pathways

Source: 2012 Oncology Roundtable Quality Quickpoll.

Urgent Needs Leading to Costly Interventions

- High Utilization of Emergency Department and Hospitalization for Cancer Patients:
  - 930 ED visits for every 1,000 chemotherapy patients
  - 380 Hospitalizations for every 1,000 chemotherapy patients
  - $800 Average cost per ED visit
  - $22K Average cost per inpatient admission

Chief Complaint of Cancer Patients Presenting at Emergency Department

- Pain
- Respiratory
- Gastrointestinal
- Nausea
- Fatigue
- Bladder
- Pain
- Head
- Skin
- Other

Source: 2012 Oncology Roundtable Quality Quickpoll.

Three Strategies for Meeting Patients’ Urgent Needs

- Dedicated Urgent Care Facility
  - Dedicated space
  - Administrative and clinical staff
  - Referral protocols
  - Follow-up procedures
  - Patient education

- Flexible Add-On Capacity
  - Provider capacity
  - Provider education
  - Flexible scheduling
  - Patient education

- Standardized Telephone Triage
  - Patient education
  - Administrative and clinical staff
  - Triage protocols

Most Common Navigation Models

- Harold/Freeman Model (Longitudinal Model)
  - Lay navigators
  - Each assigned to one phase in care continuum
  - Address health disparities
  - Low

- Tumor Site-Specific Model
  - Clinical navigators
  - Each assigned to one tumor site
  - Serve as main point of contact for patients, MDs
  - Provide patient education
  - Coordinate referrals to specialists and support services
  - High

- Multidisciplinary Care Coordinator Model
  - Clinical or lay navigator
  - Provide support to patients with greatest need
  - Support multidisciplinary clinics and conferences
  - Low
Our Opportunity - To lead ONS

Reflections on Oncology Nursing

“Whatever the resolution of health care reform, the cancer nurse will continue to be the person on the front line between the patient and the delivery system who deals with those intimate human needs that must be dealt with to humanize a complex system.”

Connie Henke Yarbro

ONS Vision

The vision of the Oncology Nursing Society is to lead the transformation of cancer care.

ONS Mission

To promote excellence in oncology nursing and quality cancer care.

Proposed Change: To advance excellence in oncology nursing and quality cancer care.
Current ONS Strategic Plan

- Knowledge Pillar
  - ONS is utilized as the primary source for education for all nurses providing care to people with cancer, regardless of setting.

- Leadership Pillar
  - Through ONS involvement, members become leaders and effective cancer care advocates in their workplace, community, and the Society.

- Quality Pillar
  - ONS supports the development, dissemination, and evaluation of patient-centered interventions and their contribution to high-quality cancer care.

- Technology Pillar
  - Nurses caring for people with cancer recognize ONS as a leader in leveraging technology and use it to collaborate and learn.

Future Strategic Plan Under Development – A Preview

- Strategic Focus #1: Innovation in knowledge and learning
- Strategic Focus #2: Excellence in oncology nursing and patient care
- Strategic Focus #3: Advocacy for patients and the profession

What do you think could be the ONS priorities?

ONS Strategy At a Glance

- Strategic Focus #1: Innovation in knowledge and learning
  - Embed oncology curriculum in schools of nursing
  - Develop "real time" mobile applications for quality care
  - New member (<5 yrs.) development
  - Leadership Development Institute
  - Payers as partners in quality development and tracking
  - On-line learning portals / learning communities
  - Chapter leadership
  - Governance leadership
  - Mentor development
  - Differentiate between members and customers of ONS services/products
  - Chapter model building

- Strategic Focus #2: Excellence in oncology nursing and patient care
  - Setting the ONS “standard” for quality of care – (revision 1)
  - Develop the use of the ONS standard in the delivery of quality cancer care (revision 2)
  - Ensure the integration of the ONS standard in the delivery of quality cancer care
  - Accrediting sites for ONS quality
  - Vibrant widely utilized PEP
  - Partner with others doing quality work in oncology
  - Work with measure vendors to standardize quality measures

- Strategic Focus #3: Advocacy for patients and the profession
  - Develop messages and tactics to support patient advocacy for nurses and families
  - Identify targeted audiences to which ONS promotes oncology nursing
  - Assess needs for oncology nursing and patient advocacy at the State level
  - Assess needs for oncology nursing and patient advocacy at the Federal level
  - Assess the value of an ONS Political Action Committee and Strategy
Our Opportunity - To lead Every Oncology Nurse

Leading the Transformation

- Nurses are the most trusted of the healthcare professions and one of the most trusted of any profession (Gallup)

IOM Report: The Future Of Nursing

- “The possibility of strengthening the largest component of the health care workforce – nurses – to become partners and leaders in improving the delivery of care and the health care system as a whole inspired the IOM to partner with the Robert wood Johnson Foundation (RWJF) in creating the RWJF Initiative on the Future of Nursing, at the IOM.”

Harvey Fineberg, MD, PhD
President, IOM

IOM Report: The Future Of Nursing

“...The nursing profession must produce leaders throughout the health care system, from the bedside to the boardroom, who can serve as full partners with other health professionals …”

Chapter 5 Transforming Leadership
IOM Report: 
The Future Of Nursing
http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-
Advancing-Health.aspx

Foundation for leadership includes:
- Knowledge of the care delivery system
- How to work in team
- How to collaborate effectively within & across disciplines
- Tenets of ethical care
- How to be an effective patient advocate
- Theories of innovation
- Basics of quality & safety improvement

Leading the Transformation

Nurses are leaders by nature.
- Understand:
  - Patient care is relational
  - Care is driven by patient needs
  - Care is holistic in nature – integrates body, mind and spirit
  - Collaboration brings the best care to the patient.
  - Advocacy for patients is a core responsibility

Leading the Transformation

Superior leaders possess:
- A mission
- Vision
- Goals
- A strong team
- Communication skills
- Interpersonal skills
- A can-do/get-it-done attitude
- Inspiration
- Ambition
Transforming Care

“The ability to influence patient care outcomes also depends on the power a nurse has in relationships with physicians and other team members. A nurse gains power through establishing positive, collegial, working relationships with physicians, other nurses, and all the members of the health care team.”

Francine Mancuso Parker

Influence

“Influence is power applied; it is power in action.”

Kathleen Stevens

Power & Influence: A Sourcebook for Nurses

Power, Briefly

- Dynamic
- Result of the relationship not an attribute of a person
- Ability to affect the behavior of another

Without influence, there is no success.

(Maxwell and Dornan, 1997)
Influencing the Transformation of Cancer Care

director of nursing innovation and communication
survivorship navigator symptom management RN
instructional designer for oncology electronic medical record application
clinical research administrator oncology nurse interpreters
clinical special services manager oncology nurse and genetics counselor

Oncology Nurses - leading the transformation of cancer care.

instructor in the College of Nursing professional practice coordinator palliative care advanced practice nurse