

From Imaging to Treatment: Collaboration Optimizes Thoracic Oncology Care

BACKGROUND

- Lung cancer is the leading cause of cancer death
- Reduced time-to-treatment initiation (TTI) reduces mortality, especially in early-stage lung cancer; influences surgical candidacy
- U.S. median TTI (time between diagnosis and start of definitive cancer treatment) for lung cancer = 41 days
- Lack of care coordination, imaging delays, insurance authorization, referral patterns, provider availability, various treatment options within national guidelines, and patient care preferences impact TTI.

PURPOSE

- Describe interprofessional collaboration to optimize diagnosis and treatment initiation for adult thoracic oncology patients

METHODS

- Tertiary hospital and medical group organization within an urban city in the Pacific Northwest in early 2020
- Interprofessional team of pulmonologists, radiologists, thoracic surgeons, informaticists, nurses, and an oncology nurse navigator collaborated in new care coordination algorithm

METHODS

- Lung nodule clinic or thoracic specialist consultation recommended in imaging reports
- Pulmonologist/Surgeon screened referrals and prioritized consultations; office team coordinated specialty consult
- Nurse navigator connected with patients to assess needs, offer education and resources, reduce care barriers, and expedite follow-up PET scans, pulmonary function testing, diagnostic procedures, and oncology consults
- Simultaneous/same-day consultations with Pulmonologist/Surgeon, when possible
- Nurse navigator used electronic medical record (EMR), phone calls, and/or office visits to communicate with patients and team to ensure individualized, evidence-based care across the care continuum
- July 2021 EMR system optimization enhanced patient tracking and follow-up efficiencies

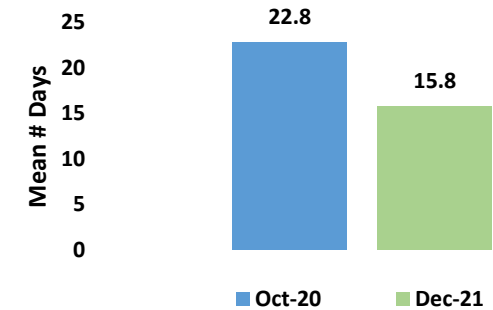
OUTCOMES

- Reduction in timeline from indication for diagnostic interventional procedure to diagnostic procedure, a subset of the TTI, from mean of 22.8 to 15.8 days (Figure 1).
- Navigator assisted care coordination &/or oversight of 596 patients October 2020 to December 2021

OUTCOMES

Figure 1. Timeline Reduction

Timeline: Indication for Diagnostic Interventional Procedure to Diagnosis



CONCLUSIONS/DISCUSSION

- The interprofessional and collaborative care for patients along the thoracic oncology continuum supports efficiency along the TTI continuum
- Ensuring that patients do not “slip through the cracks” with a coordinated approach that includes a nurse navigator may reduce mortality and morbidity in this population
- Enhanced and automated EMR reporting for populations with abnormal imaging hold potential to further reduce the TTI

REFERENCES

Available upon request