

Improving the Tumor Board Experience



Collaborative technology streamlines multidisciplinary conference coordination

St. Tammany Cancer Center in Covington, La., opened its doors in 2012, consolidating community radiation and medical oncology services, diagnostic imaging, infusion services, and laboratory services all in one location. The hospital has seen tremendous growth in the cancer program since then, with a 30 percent growth in new cancer cases. Since that time, St. Tammany has implemented:

- Two physician-driven multidisciplinary teams designed to improve the care of patients with breast and lung cancers.
- Endobronchial ultrasound and endoscopic ultrasound, making the hospital a regional destination for these procedures.
- A monthly multidisciplinary gastrointestinal conference in mid-2016.
- Biweekly multidisciplinary breast conferences as a result of National Accreditation Program for Breast Centers (NAPBC) accreditation in 2017.

Inefficiencies in the Management of Multidisciplinary Clinics

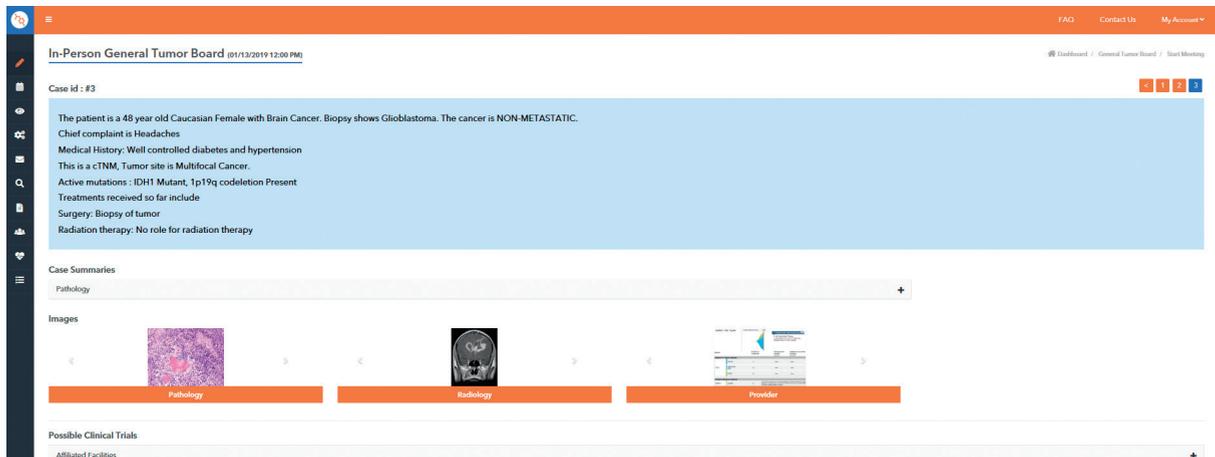
In 2018, as St. Tammany Cancer Center worked to continue its American College of Surgeons Commission on Cancer (CoC) accreditation, the cancer center was hosting five monthly conferences: biweekly breast, lung, gastrointestinal conferences, and a general conference.

At the same time, registry staff was being moved off-site to make room for the expansion of services critical to patient care—a common occurrence in many hospitals. However, the growth of registry volume and the addition of multiple conferences were stretching registry staff to limits not seen before. To ensure the success of these multidisciplinary conferences, registry staff was estimated to be working close to 10 hours per conference, per

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month. Many steps were repetitive, for example, ensuring that appropriate pathology and imaging were available for review and that CoC and NAPBC documentation requirements were met. Much of the documentation was manual and a duplication of efforts:

- Cases were emailed to the conference coordinator by the presenting physicians, and all cases were then placed on an agenda typed manually in a Word document.
- Folders with each case, pathology reports, and documentation of images needed for cases had to be brought to the hospital's pathology and radiology departments. Additional cases added to the conference required additional trips to bring documentation to pathology and radiology at the main campus.



Section of tumor board presentation that includes clinical history; pathology, radiology, and genetics case summaries; imaging and other reports; clinical trials available; and quality metrics.

- Case documentation, as well as items discussed and attendance, was documented at the conference and again after the conference for accreditation purposes.

St. Tammany Cancer Center has had numerous conversations over the years about including multidisciplinary conference documentation in the electronic health record (EHR). Physicians and legal departments had concerns regarding this procedure because the documentation would be discoverable and thus potentially violate patient confidentiality. Additionally, as multidisciplinary conferences include staff from other facilities—many with separate EHRs—discussions would not be available in every EHR. Because multidisciplinary meetings occur biweekly (at most), this discrepancy concerned medical staff. One diagnostic exam can change the course of treatment for a patient; no one wanted to have documentation of treatment planning in the EHR and not have timely follow-up as to why stage- or patient-driven treatment changes might have occurred.

Case discussions, questions, and treatment decisions can be documented in real time. Templates are customizable and can include any relevant quality metrics at the cancer program for ongoing provider education or reminders.

A Potential Solution

I was fortunate to meet Dr. Lijo Simpson, a hematologist and oncologist with Atlanta Cancer Care, at a cancer conference in 2017 and had the chance to learn about a program that he and his team had developed to manage multidisciplinary conferences. As a member of cancer committees at various facilities and after observing first-hand the amount of time it takes registry staff to complete just one conference, Dr. Simpson developed OncoLens, a web- and phone-based Health Insurance Portability and Accountability Act-compliant platform that facilitates quality care treatment planning at cancer programs through improved workflows, clinical decision support, and customizable reporting. In late 2017 OncoLens developers conducted a webinar for our registry staff where we learned that:

- Physicians or staff could enter their own cases by inputting required minimal documentation, but they also had the ability to ask pathology or radiology a specific question for review at the multidisciplinary conference. The platform was also capable of integrating into EHRs and other systems. (We did not opt for this feature up front and do not see the need to do so now.)
- Departments such as pathology or radiology, as well as registry staff and our clinical trials nurse, are notified when a case is added. This feature can be modified to receive information weekly or as needed, but our staff has enjoyed real-time notification when a case is added.
- Pathology and radiology can add pictures to the actual case presentation, so when the application is started, the patient history is present as well as the PDF of the pathology report and pathology and radiology images. We have not progressed to uploading radiology images at this point (at radiology's preference), but that has not presented an issue.

Tumor Board	Date (Click to Edit)		Cases Assigned	Meeting Dashboard	Delete Meeting
Gynecologic Oncology Tumor Board	05/07/2019	12:00 PM	0	View	Delete
Breast Tumor Board	05/07/2019	12:00 PM	1	View	Delete
General Tumor Board	05/12/2019	12:00 PM	2	View	Delete
Colon tumor board	05/12/2019	12:00 PM	0	View	Delete
Breast Tumor Board	05/14/2019	12:00 PM	1	View	Delete
General Tumor Board	05/19/2019	12:00 PM	1	View	Delete
Colon tumor board	05/19/2019	12:00 PM	0	View	Delete

Administrator view of upcoming tumor boards.

- Clinical trial information within a 50-mile radius shows up if the patient appears to meet criteria for study entry. This feature keeps clinical trials on the forefront of physicians' minds when planning treatment. As we strive to meet commendation levels for clinical trial accrual each year, this feature was very important in the eyes of our cancer program administrator.
- Members of the cancer care team can be emailed securely, and follow-up care can be coordinated directly from the OncoLens platform.
- Documentation needed for conferences occurs in real time. Attendance and items discussed (such as National Comprehensive Cancer Network guidelines, stage, genetics, whether the case was prospective, etc.) can all be done at the conference, not the day after.
- The platform is Health Insurance Portability and Accountability Act compliant. Patient health information is visible only to the members of the cancer care team and is completely de-identified during the tumor board presentation.
- Case discussions, questions, and treatment decisions can be documented in real time.
- Templates are customizable and can include any relevant quality metrics at the cancer program for ongoing provider education or reminders.
- A wide variety of reports can be run, including attendance, number of cases discussed, aspects discussed, number of conferences, and the number of prospective discussions.

Implementation

After OncoLens hosted a second webinar that included our cancer program administrator, we received approval to move forward with the purchase of this technology. To implement the technology, we established a timeline for these deliverables:

- Administrator training, including registry staff and personnel who needed to run reports and document at the conference.
- Training of all physicians and allied healthcare providers who needed not only to load cases but to be able to review cases and add input; physician office staff responsible for adding cases were included in this training.
- Provision of all multidisciplinary cancer conference dates for the year, which allowed physicians to choose which conferences they wanted to present their cases at.
- A welcome e-mail for those with access, including login credentials (which they could then change). Also included was a short video on how to post a case to the OncoLens platform. Pathology and radiology received tailored emails with a short video on how to upload images.
- A defined implementation date. Prior to this date, we discussed the OncoLens platform at our multidisciplinary conferences. Dr. Simpson and the president of Oncolens also provided a 10-minute presentation on the program, its advantages, and how to load cases and upload images.
- A go-live date.

Results

St. Tammany Cancer Center implemented OncoLens in mid-April of 2018, and as of June 23, 2018, it is our exclusive multidisciplinary conference platform for case requests and presentation and documentation of required elements. The results have been amazing:

- Ninety-five percent of our physicians use their smartphones to upload their own cases or to have their staff post cases. Because the application is on their phone, physicians can see a patient and immediately enter the information—for example, if a physician completes an endoscopic ultrasound procedure

and now knows that he or she has a new pancreatic cancer case, he or she can use the app to upload the case while it is fresh in his or her mind.

- Multidisciplinary conference agendas are created automatically in OncoLens based on the information entered by physicians and/or registry staff, who often supplement patient history as they are researching the case.
- We now have the ability to run reports to monitor physician attendance by specialty and look at our multidisciplinary conference presentation volume, which has increased over the past few years. We are also able to run reports on the required elements of conference presentations for CoC and NAPBC meetings, a feature that Oncolens is constantly expanding.
- If a member of the cancer care team is not present, we can email them recommendations (with only the patient initials visible) from the platform. For instance, if the patient needs a positron emission tomography scan before starting treatment or a liver biopsy may be indicated to validate the presence of a suspicious lesion in the liver, this can easily be communicated to relevant care team members. Once, a surgeon presented the case of a breast cancer patient who was having difficulty with co-pays for her appointments and needed a social worker and financial counselor to intervene. We were able to document the conversation and email it to the social worker at the cancer center, who followed up with the patient the next day to help resolve these financial concerns.
- Pathologists are embracing the ability to use their phones to take necessary pictures for case presentations.
- Clinical trials and genetics are spoken of more often at these multidisciplinary conferences, as is clinical staging.
- Perhaps most important, the time taken for registry staff to coordinate a multidisciplinary conference has decreased from about 10 hours per conference to about 1 hour. (Much of this hour is spent creating abstracts for the cases, which cannot be done in OncoLens.) This time savings has allowed registry staff to perform more of their vital registry functions.

The support—initial and ongoing—that St. Tammany Cancer Center has received from OncoLens has been robust. Questions are answered expediently, whether it is hospital staff or physicians. Recently, we noted an uptick in the number of cases being placed on multidisciplinary conference schedules, which we have attributed to the use of the Oncolens platform. In the future, we have requested that whoever is posting the case be able to have a place to document whether the case is high, medium, or low priority rather than utilizing the “urgent/not urgent” system currently in the software. That consideration was implemented and has been key to ensuring that the most important cases receive initial presentation at conferences. 

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St. Tammany Cancer Center At-a-Glance

St. Tammany Parish Hospital’s commitment to delivering world-class healthcare close to home and partnerships with Mary Bird Perkins Cancer Center and Ochsner Health System combine to elevate the level of care available at the cancer center.

Services available through St. Tammany Cancer Center include radiation therapy, chemotherapy, positron emission tomography/computed tomography imaging, clinical research trials, nurse navigation, patient support services, community screenings, and education. The center’s multidisciplinary approach includes surgeons, medical oncologists, radiation oncologists, pathologists, radiologists, and other specialists building upon the cancer center’s proven highly personalized approach to patient care.

Since 1998 St. Tammany Parish Hospital has collaborated with Mary Bird Perkins Cancer Center to deliver the full range of cancer treatment options for patients on the Northshore. Now, with nationally recognized Ochsner Health System, the most trusted names in cancer care St. Tammany Cancer Center is delivering integrated cancer services in one convenient location, connected via skybridge to the hospital’s main campus.

St. Tammany Parish Hospital is accredited by the American College of Surgeons CoC as a Comprehensive Community Cancer Center and the NAPBC.