



COMPASSIONATE CARE WHEN IT'S NEEDED MOST



KAISER PERMANENTE NORTHWEST
REGIONAL CANCER OVERSIGHT COUNCIL
DECEMBER 2015

kpnwcancercare.org

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All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.



NORTHWEST **CANCER OVERSIGHT LEADERSHIP TEAM**

Dr. Christine Barnett – Leukemia/Lymphoma
Dr. David Cho – Lower GI
Dr. Mark Furin – Head/Neck
Dr. Tasha McDonald – Thoracic
Dr. Chris Moran – Breast

Dr. Julia Obadiah – Skin
Dr. Eric Reid – Genitourinary
Dr. Norma Steiner – Gynecological
Dr. Phil Wirganowicz – Orthopedic
Dr. Tom Wynne – Central Nervous System

Chief of Medical Oncology – Dr. Phoebe Harvey
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Additional support from:

Dr. Stella Dantas – Director of Operations
Dr. Chris Moran – Surgical Oncology Physician Lead

The emotional and physical impact that a cancer diagnosis has on a patient's life is enormous. Creating an integrated and holistic approach to care that encompasses the whole person and includes the needs of each patient is at the core of the Northwest Cancer Oversight Council (NWCOC). Formed in 2014, the NWCOC has helped focus energy on the benefits of a co-designed treatment plan – giving patients the power of their own voice in their treatment and recovery. In 2015, we refined treatment plans and educational tools, created collaborative care solutions, and identified additional ways to improve the quality of care for our cancer patients.

By connecting patients to their treatment plan and outcome, we are seeing improvement in successful referrals to speech therapy for head and neck patients, additional options for our breast cancer patients, and deeper coordination of care across all departments.

The following report highlights the areas where care delivery and compassion have come together to provide exceptional care experiences for all of our patients.

In good health,



A handwritten signature in black ink that reads "Katie Deming".

Katie Deming, MD
Co-Chair
Northwest Cancer
Oversight Council



A handwritten signature in black ink that reads "Brooke Lippincott".

Brooke Lippincott
Co-Chair
Northwest Cancer
Oversight Council



WHAT ROLE SHOULD
PATIENTS PLAY IN
THEIR CARE?



We are all committed to providing care that respects and responds to individual patient preferences, needs, and values. Ensuring that patient values guide all clinical decisions is what informs our practice of patient-centered, co-designed care with shared decision making.

Our cancer task forces made co-designed care a priority in 2015, expanding our commitment to cover end-to-end care. Having patients at the table has proven to be helpful. Their participation in focus groups has served to energize our teams on the importance of their work and has helped facilitate administrative changes and prioritize the work that needed to be done.

Throughout the Northwest Region, our task forces worked with advisory councils, physicians, and patients

to facilitate shared decision making through supportive and adaptive education materials, referral networks, and treatment options that provide our patients more information and options to actively participate in their care.

We continue to leverage feedback, advising, and consulting today as we strive to actively listen to and partner with our members and their families at every touch point in their journey and across all of our quality improvement and innovation efforts.

**PROJECTS
LAUNCHED
IN 2015:**

HPV Prevention Measures see page 5
 Colorectal Cancer Patient Pathway see page 6
 Head and Neck Cancer Referral Success see page 7
 Dental Integration Success see page 8
 Short-Course Radiation Therapy see page 9



IMPROVING OUTCOMES THROUGH PREVENTION AND SCREENING

Our 360-degree approach to fighting cancer begins long before diagnosis. Living healthy and learning early is the best medicine. So we surround members with the knowledge, tools, and support they need to prevent cancer from developing, as well as a rigorous screening system to detect any problems as early as possible.

HPV VACCINATION AS A **CANCER PREVENTION STRATEGY**

KPNW has always had a strong focus on prevention for its members and communities, and cancer prevention is no exception. The HPV vaccine offers a proactive way to immunize children, teens, and young adults against many types of HPV infection before they become sexually active, when the risk of transmission increases. This vaccine offers protection against four major types of HPV, two of which cause about 70% of cervical cancer cases and two of which cause most cases of genital warts. It also prevents cancers of the throat, anus, and penis. The vaccine is now recommended for all boys and girls ages 11 to 12, although the vaccine is approved for use in children as young as 9 and young adults up to age 26.

KPNW supports the HPV vaccine as a key component of pediatric population health. Our clinicians and support staff treat it as a routine immunization. Like other immunizations, the HPV vaccine schedule is embedded into our pediatric and adult Patient Support

Tool (PST), which displays all of the preventive “care gaps” a patient is due for based on their prior medical history. All KPNW clinicians and clinic support staff use the PST to review care gaps with patients and their parents at every visit. In the case of the HPV vaccine, which requires a series of three injections that must be timed in a certain sequence, the PST flags at the correct time when the patient is due for the initial shot or one of the subsequent shots.

Complementing what happens in the medical office, we also mail pediatric patients and their parents/guardians an annual “birthday letter” that includes this information. This gives parents a handy reminder of what immunizations their child needs in the near future and makes it easy for them to schedule a well-child visit or go directly to a Nurse Treatment Room to get them done. We also send a separate letter if a patient is due for the third HPV vaccine and has not received it prior to their 13th birthday.

Education is key to a successful HPV vaccination campaign. We have developed an FAQ and exam-room posters that explain why the HPV vaccine is so important and address many questions

that parents may have. For example, one common misconception is that vaccinating boys and girls will encourage them to become sexually active at a younger age, which studies have shown is unfounded. Our message is that HPV vaccination is *not* about sex, but about cancer prevention.

In addition, Kaiser's Center for Health Research (CHR) is supporting new research around the most effective ways for providers to discuss the HPV vaccine with parents and teens. Better messaging and framing can be important tools in making parents more comfortable with vaccinating their kids.

As a result of our HPV vaccination strategies, our HEDIS® (Healthcare Effectiveness Data and Information Set) rate (percentage of girls who have received the full HPV series by age 13) has risen from 14.7% to 31% since we began tracking this important measure. Many more are partially vaccinated and will complete the series in the future. We will continue to promote HPV vaccination, and over time we hope to achieve rates comparable to other routine childhood immunizations.

INFORMED CHOICES WITH PATIENT PATHWAY TOOL

When receiving a diagnosis of cancer, patients can find their thoughts interfering with their ability to hear their doctor. Fears and emotional distress can affect not only patients but their family members. Providing our patients and their caregivers with simple, clear educational materials supports their understanding of their diagnosis and treatment plan – allowing them to stay engaged and help direct their care.

Dr. David Cho created a Colorectal Cancer Patient Pathway to help our members navigate their diagnosis, care, and treatment plan. The Patient Pathway is a way for patients to learn about their journey. The goal is to help them understand what to expect as part of the team that will guide and accompany them through their treatment.

COLON CANCER IS ONE OF THE MOST PREVENTABLE AND TREATABLE FORMS OF CANCER WHEN IT'S FOUND EARLY. SCREENING IS THE #1 WAY TO PREVENT COLON CANCER BECAUSE IT FINDS CANCER IN THE EARLY STAGES OR BEFORE IT EVEN HAS THE CHANCE TO GROW OR DEVELOP.



COORDINATION OF CARE IMPROVES REFERRAL SUCCESS RATES

Head and neck cancers can significantly affect a patient's quality of life – affecting their ability to speak, swallow, and maintain good nutrition. Their rehabilitation depends on the extent of post-treatment changes, the location of the tumor, and the choice of treatment. One important factor in patient quality of life is the availability and use of speech and swallowing therapy during the first three months post treatment.

Patients who perform specialized range-of-motion exercises regularly exhibit significantly greater improvement in both speech and swallowing, as compared with patients who do not do these exercises.

The Head/Neck Cancer Task Force brought to the Cancer Committee's attention that a large number of patients diagnosed prior to 2014 were re-presenting with dysphagia and nutrition issues following initial treatment.

Kaiser Permanente ENT surgeons reviewed 174 head and neck cancer cases, diagnosed from January 2012 to May 2015, with documented up-front speech therapy referrals

and found that 19.3% (6 out of 31 reviewed cases) did not follow through on their speech therapy referrals.* To help increase referral use, nurse navigators are following up with patients to ensure they attend their speech therapy appointments. Coordinated care is now in progress with the Speech Department, Physical Therapy Department, and home health care system offering patients encouragement and support on their cancer journey.

As a result, radiation oncologists are notified to ensure that stage 1 glottis cancers are referred to speech therapy, and a coordinated care effort is in place to ensure follow-up with these patients.

The results have been promising. We saw use of speech therapy referrals increase by more than 28 points from 2012 to May 2015 (from 25% to 53.5%). As survivorship rates go up, the importance of improving quality of life increases.

*Data needs to be further defined by stage and site.

INTEGRATED CARE SUPPORTS EARLY DETECTION

That was the case for Kaiser Permanente member and employee Kelly. During a routine dental exam in May, Dr. Ronald Leinassar, Kelly's general dentist at our Gresham office, noticed a lesion on her tongue. Tests showed that the lesion was cancerous, which surprised Kelly. As a healthy woman in her 30s, oral cancer was not on her radar.

Her story is not unique. Oral, head, and neck cancer is the sixth most common cancer worldwide. Approximately 630,000 new patients are diagnosed annually, resulting in more than 350,000 deaths per year. Early detection is a key factor in beating this form of cancer and achieving a healthy outcome, as Kelly found.

In June, less than a month after her visit to Dr. Leinassar, Dr. Andrew Patel – a specialist in head and neck cancer and microvascular reconstructive surgery at

Sunnybrook Medical Office – removed part of Kelly's tongue and the lymph nodes in her neck to evaluate for cancer.

Fortunately, the cancer hadn't spread to her lymph nodes, so Kelly did not require radiation or chemotherapy. She is now cancer-free and thriving in her busy life as a mother and a surgical technologist at Kaiser Permanente.

"Many patients come through our doors, and we look for more than just cavities," said Dr. Leinassar. "While most patients are healthy, we have the opportunity to see things that might otherwise go unchecked, and our integrated model allows us to get patients routed to the appropriate department in a timely and efficient manner. That is a tremendous service to our patients."



POSITIVE IMPACT OF SHORT-COURSE RADIATION THERAPY

FEWER TREATMENTS AND LOWER COST

Breast cancer will affect about 1 in 8 women and about 1 in 1,000 men during their lifetimes.* The NWCOG works to identify treatment plans to improve our already high-quality breast cancer care.

Research studies have shown that administration of higher radiation doses over shorter time periods, known as hypofractionated[†] whole breast irradiation (HF-WBI), is just as effective as conventionally fractionated whole breast irradiation (CF-WBI).[‡]

In 2015, 90 Kaiser Permanente breast cancer patients were evaluated by their radiation oncologists to determine if short-course radiation therapy was appropriate for their treatment. Of the 90 patients evaluated, 50 were deemed eligible for shorter-course

radiation treatment based on two factors: (1) All patients had early-stage breast cancer, and (2) they had undergone breast-conserving surgery, or a lumpectomy.

Over this 6-month period, 850 fewer treatments were performed than if all patients had had 33 fraction courses. This resulted in a total savings of 170 treatment hours, assuming 12-minute treatment times. For patients, saving \$450 to \$600 in copays is a well-received benefit, and both the Radiation Oncology Department and the patients saved on time and resources.

As a result, the Kaiser Permanente Radiation Oncology Department recommends that short-course radiation therapy be considered for the majority of patients with early-stage breast cancer.

*Rating is based on Breast Cancer Screening 2012 ratings from HEDIS® (Healthcare Effectiveness Data and Information Set). For commercial and Medicare plans published by the National Committee for Quality Assurance (NCQA), HEDIS is a tool used by more than 90% percent of America's health plans to measure performance on important dimensions of care and service. HEDIS is a registered trademark of NCQA. For more information, visit ncqa.org.

[†]HF-WBI (42.56 Gy in 16 fractions followed by a tumor bed boost of 10.0-12.5 Gy in 4-5 fractions).

[‡]*JAMA Oncol.* 2015;1(7):941-942. doi:10.1001/jamaoncol.2015.2605, Research Study at MD Anderson.

ONCOLOGY PATIENT ADVISORY PROGRAM **EXPANDS CHANGE**

Made up of eight current and former cancer patients and caregivers, the Oncology Patient Advisory Council provides an ongoing voice into the care and services offered by Kaiser Permanente. Oncology leadership is present at every monthly meeting, reporting out changes that have been made based on council feedback. Council members drive the meeting agenda, and topics are generated from patient needs and requests.

"It (advisory council) gives ownership to us as patients. I feel I have a bit more control over the care, and I can be an active participant in my survival." — Cynthia McCallister, Oncology Patient Advisory Council member

Since the council launched in early 2014, input from patients has resulted in substantive changes to patient care, including several projects focused on patient engagement:

- Gynecological Task Force – Meet your Care Team, a document that personalizes the care team, helping create a closer connection between patient and care team
- Gynecological Task Force – designing patient pathways to support treatment option decisions and fully integrate patient voice into care
- Genitourinary Task Force – designing patient pathways to support treatment option decisions and fully integrate patient voice into care
- Lower GI Task Force – designing patient pathways including treatment follow-up document and peri-op teaching tool
- Head/Neck Task Force – developing patient notebook that supports patient interaction with care team and tracking and ownership of treatment plan





CANCER RESEARCH PAVES THE WAY FOR IMPROVED OUTCOMES

Clinical trials matter to us. We belong to the largest cancer clinical trial cooperative group in the United States, NRG Oncology. This cooperative brings together the unique and complementary research areas of the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG), and the Gynecologic Oncology Group (GOG).

In 2015, the Kaiser Permanente National Community Oncology Research Program (NCORP) was recognized by NRG Oncology, a nonprofit research organization

formed to conduct oncologic clinical research, as the Top Accruing NCORP Sites from July 1, 2013, to June 30, 2015. NCORP accrued 194 trials credited to NRG Oncology.

The program represents about 1 out of every 40 cancer patients in the United States. We will be able to continue to bring cutting-edge therapies to our patients while improving comparison of existing cancer treatments on a patient-by-patient basis.



MORE THAN 50 YEARS OF HEALTH RESEARCH

Founded in 1964, 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. CHR pursues a vigorous agenda of patient-centered, population- and practice-based research.

CHR's work in cancer research is multidimensional, but its goal is singular – to mitigate cancer and its effects. CHR investigators examine every angle of the disease: risk reduction and prevention through lifestyle intervention and screenings; advancing treatment and quality of care; and easing the burden cancer poses for families and communities.

To learn more or to participate in a study, visit kpchr.org.



CANCER WORKSHOP HELPS PATIENTS FORM NEW HABITS

More than 100 current and former cancer patients filled Kaiser Permanente Town Hall last spring for a half-day workshop called Thriving with Cancer: Three Healthy Habits. Sponsored by the Cancer Care Oversight Committee, the event helped attendees understand how to improve their health by making changes within their control.

Mindfulness: A Holistic Approach to Cancer – Medical oncologist Robert Ellis, DO, PhD, addressed the benefits of mindfulness in helping relieve treatment side effects and remain hopeful for the future. Dr. Ellis then led a 10-minute mindfulness session as each audience member repeated a phrase of their choice to refocus and refresh their mental energies.

Benefits of a Plant-Based Diet – During the event, attendees were treated to a tasty vegan lunch prepared by KPNW executive chef Greg Gates and learned that a vegan diet is ideal both for preventing disease and for maintaining a healthy weight. A diet of about 50% starches and 50% fruits and vegetables is recommended, while avoiding oils and processed foods.

Exercise as Medicine – Radiation oncologist Katie Deming, MD, assured the audience that it's safe – and beneficial – to exercise with a cancer diagnosis, even during treatment. She gave specific recommendations for incorporating movement into your day, and closed with a light movement experience led by fitness instructor and specialty care ADA Ebony Sage.

Lifestyle Changes Reap Big Rewards – This was the second time Thriving with Cancer has been offered at KPNW. Member Willie Smith attended the first workshop in October 2014, a year after being diagnosed with colorectal cancer.

"I went into the event thinking: mindfulness practice, sure I've done a little but not a lot. I have no interest in a plant-based diet. I know I should be getting more exercise," he said. "I left the event blown away by all three presentations."

After the event, Willie made some sustained changes in his lifestyle. He embraced a plant-based diet, incorporated meditation into his daily routine, and found ways to be more active throughout the day. He has lost more than 15 pounds, has more energy, and has "a better outlook on life!"

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