
Bree Collaborative | Oncology Care Workgroup

May 5th, 2020 | 3:00 – 4:30

Held Remotely Due to COVID-19

MEMBERS PRESENT

Hugh Straley, MD, (Chair) Bree Collaborative Chair
Camille Puronen, MD, Oncologist, Kaiser Permanente Washington
Tracey Hugel, Regence (filling in for Stefanie Hafermann, DNP, BSN, RN, PHN, Regence)
Sasha Joseph, MD, Medical Director of Medical Oncology, MultiCare
Andra Davis, PhD, MN, BSN, Assistant Professor, Vancouver, Washington State University

Laura Panattoni, PhD, Staff Scientist, Hutchinson Institute for Cancer Outcomes Research
Sibel Blau, MD, Oncologist, Northwest Medical Specialties
Barb Jensen, RN, BSN, MBA, Director of Oncology and Palliative Care, Skagit Regional Health
Gurpreet Dhillon, MBA, Director – Hospice, Palliative Care and PeaceHealth St. Joseph Cancer Center Service Lines, PeaceHealth

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative
Alex Kushner, Bree Collaborative
Karma Kreizenbeck, Fred Hutch

CHAIR REPORT & APPROVAL OF MINUTES

Hugh Straley, MD, Bree Collaborative Chair, and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves.

Motion: Approval of April 7th Minutes

Outcome: Passed with unanimous support.

GENERAL DISCUSSION

Dr. Straley said that the major goal for this meeting would be to discuss risk stratification standards. He asked the group if they could discuss recommendations for risk stratification that fall somewhere between the two models that were presented to the group before (by Dr. Panattoni and Dr. Blau, respectively)

- Laura Panattoni, PhD, Staff Scientist, Hutchinson Institute for Cancer Outcomes Research, suggested that the group aim to provide a menu of tools—either for purchase or in the public domain—and also provide evaluations for those tools based on criteria such as evidence, population studied, cost, etc.
 - This will help small clinics that may not have the resources to do this level of research on risk stratification tools.
 - Dr. Panattoni said that the lowest cost, easiest to implement tool that the group has seen so far is the one in the article by Brooks et al. There are also some other tools that might be worth looking at that were mentioned in this article.
- Dr. Straley asked if there are any common predictor variables embedded in the tools that the group has discussed thus far.
 - Variables change depending on the population being studied.

- In the Brooks article, lab values for albumin and sodium were the two most predictive variables for mortality.
- The group suggested possible criteria for the different tools: cost, level of evidence, effectiveness, and ease of implementation.
- Ms. Weir: it would be good to allow for flexibility across the state for those who have already invested in a risk stratification model.
- Dr. Straley asked if any models include functional status as a variable for prediction. The group has not seen it used, and this may be because it was not part of any studies or that it was difficult to capture.
- Members asked for clarification on whether or not the group would be looking only at risk stratification tools for ER visits, hospitalizations, or both.
- The group agreed that doing a review of risk stratification tools would be a useful endeavor.
 - Risk stratification enables case management to help patients between treatments.
 - Ms. Weir asked if there is evidence yet that using a high quality risk stratification tool leads to better interventions for patients.
 - Camille Puronen, MD, Oncologist, Kaiser Permanente Washington, added that these tools help practices prioritize who should receive limited resources; not all patients benefit from care management.
 - The group agreed to focus on reduction of unnecessary ER visits and hospitalizations; the majority of evidence is currently focused on tools for the reduction of hospitalizations.
- The group viewed the chart of 5 current risk stratification tools that was part of Dr. Panattoni's slide show that she presented in March. Could the group start by evaluating the evidence for these five tools?
 - Ms. Weir suggested another possibility: instead of evaluating many tools, the group could come up with instructions for how clinics and providers can evaluate tools themselves.
 - Ms. Weir and Dr. Straley told the group that they would rework the language of the draft based on whatever consensus decisions were reached in the meeting.
- Barb Jensen, RN, BSN, MBA, Director of Oncology and Palliative Care, Skagit Regional Health, asked if the group would still be able to make recommendations for standardized symptom management/triage/pathways. Ms. Weir said that this would still be a priority for the group in future meetings.
- The group agreed to assign homework for the next session: each member will evaluate the various tools individually as homework between sessions, and then the group can come to consensus together at a future meeting.
 - Criteria for evaluation of risk stratification tools: cost, ease of implementation, level of evidence, access, population, predictors of outcomes, and timeframe.
- Major areas of focus for the final recommendations will be: risk stratification, supportive services, care management, care giver needs, and palliative care.
- Dr. Straley pivoted the group to thinking about Telehealth for the remainder of the meeting. He asked the group to discuss whether telemedicine presents opportunities for identifying patients at risk for ER or hospitalization post oncology treatment.
 - Sibel Blau, MD, Oncologist, Northwest Medical Specialties related a story last meeting demonstrating that telemedicine can be quite useful. Dr. Blau related another recent story of a patient of hers who moved to another state and who developed a troubling lump post cancer surgery. Dr. Blau was able to examine the patient remotely and refer to an ultrasound.

- Dr. Puronen spoke about telemedicine at Kaiser. She has experienced some issues with patients being able to use video. She also related a story of a patient who underreported her symptoms over telemedicine.
- Ms. Weir concluded and spoke about next steps. There will be risk stratification evaluation homework for members. Next meeting will focus on triage, treatment management, and common symptoms that send patients to ER/hospital.

Action Item: Ms. Weir to send out evaluation assignments to the group. She will also send out the Co-Stars document again per member request.

GOOD OF THE ORDER

Dr. Straley thanked all for attending and adjourned the meeting.

DRAFT