Cardio-oncology

Nurse Navigator
Our Start

- A Cardiologist and an Oncologist
- Enlist leadership from cardiology and oncology
  - Committee formed with key stakeholders: Cardio-oncology board
  - Members: key physicians, leadership, business development and marketing
  - Goal: To investigate opportunities and determine program course development for identified patient population.
- Approach - Nurse Navigator
  - Criteria – cardiology/oncology
Approach

- Nurse navigator model within oncology practice
  - 10 oncologist practice – community hospital
- Identification of patients – tool for risk assessment
- Cardiac surveillance – monitoring processes
- Referral process
- Cardiology and Oncology support
Approach
CRS- the identification tool

- CRS – tool (Mayo clinic)

- Presentation to oncology board
- Scope: all patients will be screened
- Initiation of tool: admission process
- New EMR
- Interim: navigator complete and follow identified patients through key processes
- Tracking of patients – spreadsheet for data
Cardiac Risk Score - CRS

Drug

- 4 – ex; trastuzumab – (herceptin), anthracycline -(doxorubicin)
- 2 – ex: docetaxel, pertuzumab
- 1 – ex: bevicitzumab – (avastin), dasatinib (Sprycel)
- 0 – ex: rituxamab - rituxan

Patient Risk- 1 pt. each

- Female
- >65
- HTN
- DM
- CHF
- CAD, PVD, CVA
- Radiation
- Prior anthracyclines

Med + pt. risks = total
Cardiac Surveillance

- Echoes
  - Ordering, scheduling, timing, ownership
  - Quality – Strain with Definity
  - Education and training
  - Patients – port patients
- labs
  - Troponins, BNP, chemistry, CBC
- Vitals signs
- Cardiac MRI, stress test, Holters
- ED and hospital admissions
Deployment of processes

- Identification of patients – echo/treatment plans
- Start small – disease specific or drug specific with one or two oncologists
- Troponins - timing, positive results
- Referral – algorithm with use of CRS tool
- Patient population – cancer patients with treatment regimen – cycles
Keys to success

- Goal of oncologist: best treatment for patient – get them through the treatment based on NCCN guidelines
- Goal of cardiologist: assist the oncologist with CV management so the patient may continue therapy with minimal cardiovascular side effects
- Communication, prompt follow up, building of relationships
- Echo process completely release to navigator
- Engagement by all oncologist
- Referral process – game changer
Learning

- WAY BIGGER THAN EVER ATTICIPATED – start small
- Availability of cardiologist, availability of services
- Its about the timing of care delivery for treatment plans – appointment/test– expectations 1 week
- Steering Committee of working participants for ongoing evaluation and program build
- Clinical team – cardiologists, navigator, echo techs, schedulers etc.
- Contacted key providers in field to best practice and future development
**Coding**

- List as many ICD10 codes per visit that are warranted, all cancer diagnoses
- Billing codes are the only way the insurer knows the patients co-morbidities
- Some specific cardiac diagnostic codes

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Oncologist perspective about cardio-oncology

- “The proactive approach helps to provide better and more appropriate treatment plans for our patients.”
- “The collaborative clinic makes care for our patients a priority”
- “They have helped to modify treatment plans with cardiovascular disease so that the patient has better tolerance and treatment progression”
- “Assist with volume condensing which has made huge difference with our CHF patients management”
Oncologist’s comments

• “With the increased attention to our patient’s cardiac status we can move through our patient’s treatment plans with more ease and confidence.”

• “The follow up is amazing and our patient’s satisfaction with them is wonderful; they keep everyone connected.”

• “The initiation of the program was a desirable need for our patients but the impact and ramification it has had for our patients is definitely obvious from my own observation perspective. I am sure statistical data would also support this.”

• “I don’t know how we did it without you.”
Data

CARDIO/ONCOLOGY 2017

- JAN: ECHOES 4, STRESS TEST 0, MRI 3, HOLTER 0, REFERRALS 1, F/U OV 0, TROTONIN 0, BNP 0, EKG 0
- FEB: ECHOES 6, STRESS TEST 0, MRI 3, HOLTER 0, REFERRALS 1, F/U OV 0, TROTONIN 0, BNP 0, EKG 0
- MAR: ECHOES 8, STRESS TEST 1, MRI 0, HOLTER 1, REFERRALS 3, F/U OV 0, TROTONIN 0, BNP 0, EKG 0
- APR: ECHOES 36, STRESS TEST 7, MRI 5, HOLTER 10, REFERRALS 3, F/U OV 0, TROTONIN 0, BNP 0, EKG 0
- MAY: ECHOES 32, STRESS TEST 3, MRI 10, HOLTER 3, REFERRALS 3, F/U OV 0, TROTONIN 0, BNP 0, EKG 0
- JUNE: ECHOES 47, STRESS TEST 8, MRI 10, HOLTER 3, REFERRALS 3, F/U OV 0, TROTONIN 0, BNP 0, EKG 0
- JULY: ECHOES 30, STRESS TEST 15, MRI 8, HOLTER 3, REFERRALS 5, F/U OV 0, TROTONIN 0, BNP 0, EKG 0
- AUG: ECHOES 23, STRESS TEST 11, MRI 10, HOLTER 5, REFERRALS 6, F/U OV 0, TROTONIN 0, BNP 0, EKG 0
Next Steps

- Firm up foundation processes
- Clinic
- Education
  - Cardio-oncology Case conference – quarterly
- Development of Indianapolis Cardio-oncology Society
- Dialogue with other cardio-oncologists in surrounding states to start patient data base
- Research - Data collection – what is it telling us
Resources

- ACC – Cardio-oncology web page