Core Values


Cancer Treatment Program

**Core Values**

Core Values are the foundation that guide our approach to cancer care. They serve as a benchmark for the quality of our service and commitment to our patients.

**Cancer Committee Members through year end, 2019**

- **Jeanine Allen, RN**
  SVP Specialty Care
- **Megan Ayala, PharmD**
  Pharmacy Manager
- **Susie Ball, MS, GC**
  Genetic Counselor
- **Samantha Belanger, RD**
  Nutrition/Dietician
- **Rachelle Boyd**
  Tumor Registry
- **Vaishali Bhide, RN**
  Practice Manager Medical Oncology and Infusion
- **Jane Budden**
  Quality Improvement Coordinator
- **Thomas Carlson, MD**
  Radiation Oncology
- **Diane Davis**
  Oncology Research, Clinical Research Coordinator
- **Ed DePersio, MD**
  Radiation Oncology
- **Sharmen Dye, CTR**
  Tumor Registry, Cancer Conference Coordinator
- **Keta Evans**
  Practice Manager Radiation Oncology, Community Outreach Coordinator
- **Kimberly Fischer**
  Quality Analyst Quality Reporting
- **Mary Gunkel, RN**
  Co-Chair Cancer Committee, Director Oncology Service Line, Cancer Program Administrator
- **Anna Hansen, MD**
  Radiology, Women’s Imaging
- **Ginny Heintz, RN**
  Palliative Care
- **Lisa Hendershott, RN**
  Inpatient Med-Onc Director, CWH
- **Barbara Kane, RN**
  Hospice
- **Tracy Kasnic, RN**
  SVP Inpatient, CNQ CH
- **Katie Kemble, DNP**
  Medical Oncology, Survivorship Program
- **Daniel Kerr, MD**
  Pathology
- **Carl Kjobech, MD**
  Wellness Place Tumor Registry, Cancer Conference Coordinator
- **Nicolas Kummer, MD PhD**
  Radiation Oncology
- **Kim Hinson, RN**
  Oncology Nurse Navigation
- **Cindy Johnston, RN**
  Nurse Quality Improvement
- **Jennifer Jorgensen, MD**
  Gastroenterology
- **Eric Liedtke, DO**
  General Surgery, Cancer Liaison Physician
- **Jessie Sanders**
  American Cancer Society
- **Julie C. Smith, MD**
  Chair Cancer Committee, Medical Director Oncology Service Line
- **Thomas Tucker, MD**
  Medical Oncology
- **Celeste Van Houten, MA-C**
  Breast Care Coordinator
- **Mary Vargas, MSW**
  Oncology Social Work, Psychosocial Services Coordinator
Accreditation through the Commission on Cancer

The accreditation and survey process is a comprehensive evaluation of the entire scope, organization, and activity of a cancer center. The Confluence Health Cancer Program holds Full Accreditation by the American College of Surgeons Commission on Cancer as a Comprehensive Community Cancer Program. We received commendation in the areas of:

- Clinical Trial Accrual
- Cancer Registrar Education
- Adherence to the College of American Pathologist Protocols and Synoptic Reporting
- Oncology Nursing Care
- Participation in Rapid Quality Reporting System (RQRS)
- Data Submission Accuracy of Data to the National Cancer Data Base

Our Approach

The Cancer Program at Confluence Health offers a full range of medical services along with a multidisciplinary team approach to patient care. Our program and treatment center is affiliated with the Seattle Cancer Care Alliance, and accredited by the Commission on Cancer, which sets stringent guidelines to improve patient outcomes and promotes consultation among surgeons, medical and radiation oncologists, pathologists, and other cancer specialists.

We provide state of the art pretreatment evaluation, staging, treatment, and clinical follow-up for many hundreds of patients each year.

We recognize that cancer is a complex group of diseases and that each diagnosis is a life-changing event for every patient. This is why we firmly believe in setting quality goals, monitoring activity, and continually evaluating our service and the needs of the communities we serve. These are critical components to improve our patient care.

Oncology Care Quality and Efficiency

As the primary source of Oncology Care for North Central Washington patients, we are dedicated to upholding the quality and efficiency of our Cancer Care program at Confluence Health. The complexity and cost of providing Oncology Care Services necessitates several levels of quality monitoring and continuous process improvement. Quality goals and directives from multiple sources align to provide the foundation of quality. Together these measurements of quality and efficiency relate to the overall value we are able to provide. Examples of activities that we participate in include:

- National Accreditation and Quality Metric Standards of Best Practice
  - Develop, analyze, and document studies that measure the quality of care and outcomes for cancer patients
  - National benchmarking and demonstration of adherence to highest level of quality standards
  - Participation in yearly QOPI (Quality Oncology Practice Initiative) through the American Society of Clinical Oncology
Oncology Care Quality and Efficiency Continued

• **Regional Collaboration and Performance Comparisons**
  - Network Affiliate Member, Seattle Cancer Care Alliance
  - Regional network consortium through SCCA and HICOR for collaborative data outcomes
  - Sharing of Regional Best Practices
  - Participation and involvement in HICOR (Hutchinson Institute for Cancer Outcomes Research) Quality and Cost Reporting regarding: Recommended Cancer Treatment for Breast, Colorectal and Lung Cancer. Hospitalization during chemotherapy treatments (CH with 6.5% above average performance compared to other regional centers), Breast Cancer tumor marker testing following treatment, and End of Life Care (chemotherapy in last 14 days of life, ED visits in last 30 days of life, ICU stays in last 30 days of life, Hospice care 3 or more days prior to death)
  - Regional Comparisons of Quality, Value, and Cost
  - Our breast, colorectal, and lung cancer patients consistently receive the recommended therapy for their cancer, Confluence Health ranks in the top 3 facilities in this respect

• **Local Alignment with the Organizational Priorities of Confluence Health**
  - Understand and exceed customer expectations
  - Deliver the Best Practice of Medicine
  - Financial Stability
  - Regional Care

• **Centers of Medicare Services Oncology Care Models (Payor based quality metrics)**
  - Radiation Oncology Episodes of care effective CY 2020
  - Bundled payments for cancer care
  - Decreasing ED visits within 30 days of chemotherapy treatment

The over-reaching goals and direction of our commitment to quality within the Cancer Program at Confluence Health involves continual evaluation of our Oncology Service Line Goals, evaluation and re-evaluation processes, Financial Stewardship, Commitment to maintaining accreditation, continuing regional conversations and collaborations, maintaining regional networks, goals of public transparency, development of a deeper understand of the disparities of care, sharing learning across our organization, understand Financial Toxicity to patients, systems, and payors.
Our cancer statistics, in comparison to national data, as published by American College of Surgeons Commission on Cancer are shown here. Our Cancer program has an active tumor registry with, local data, case by case abstracting, staging, treatments, and outcomes reported to the Commission on Cancer. Shown below are comparison tables of age of cancer, stage of cancer, and distance traveled by patients to receive care in North Central Washington.

### National Comparison Data

#### Age at Diagnosis-All Cancers 2007-2016

<table>
<thead>
<tr>
<th>Age</th>
<th>Confluence Health</th>
<th>Other Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-29</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>30-39</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>40-49</td>
<td>6%</td>
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<tr>
<td>50-59</td>
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<td>28%</td>
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<tr>
<td>70-79</td>
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<td>27%</td>
</tr>
<tr>
<td>80-89</td>
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<td>13%</td>
</tr>
<tr>
<td>&gt;90</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

#### Stage at Diagnosis-All Cancers, 2007-2016

<table>
<thead>
<tr>
<th>Stage</th>
<th>Confluence Health</th>
<th>Other Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 0</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Stage I</td>
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<td>29%</td>
</tr>
<tr>
<td>Stage II</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>Stage III</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Stage IV</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>UNK</td>
<td>4%</td>
<td>5%</td>
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</table>
Top sites of cancer diagnosed at Confluence Health

Similar to other Comprehensive Community Cancer programs within the United States, our top five sites of cancer diagnosis include: Breast Cancer (20% of cases), Prostate Cancer (16% of cases), Lung Cancer (15% of cases), Melanoma (14% of cases), and Colon Cancer (7% of cases).

Top 5 Primary Cancer Sites - 2019
Lung cancer is the second most diagnosed cancer in men and women within the Nation, and the leading cause of cancer related deaths according to the American Cancer Society Facts and Figures 2019.\(^1\) By SEER database statistics, there will be 228,150 new cases in the US in 2019, accounting for 12.9% of all cancers. There will be an estimated 142,670 estimated deaths in 2019, accounting for 23% of all cancer related deaths. In the US, there are 54.9 cases per 100,000 men and women; 63 per 100,000 men and 49 per 100,000 women per year. Lung cancer is most commonly diagnosed between the 6th and 7th decade of life.\(^2\)

Although long term survival for lung cancer is variable based on a multitude of features including clinical presentation, patient specific factors, and treatment modality, overall survival is poor with the 5 year survival for all cases of only 19%. Survival is significantly improved in patients with localized disease, with 5 year survival noted to be 57% for localized disease, 30% when regional lymphatics are involved, and 5% for distal disease. This underscores the great importance of early detection and treatment to increase overall quality life years.\(^3\)
Presenting symptoms for lung cancer can range from no symptoms with incidental discovery on imaging, cough, hemoptysis, weight loss, shortness of breath, chest pain, paraneoplastic syndromes, and decreased performance status. Risks associated with lung cancer including history of smoking, occupational exposures, family history, lung disease, and genetic predispositions. See the figure 1 below for the initial presenting symptoms at Confluence Health for 2016 and 2017.

Figure 1. Presenting signs and symptoms for lung cancer at Confluence Health 2016-2017.
Roughly 85-90% of lung cancer is caused by direct or indirect exposure to cigarette smoking. Thus, reducing the incidence of lung cancer will need to address voluntary and involuntary exposure to cigarette smoke through both public health programs as well as smoking cessation programs. Additionally, lung cancer screening and early treatment may potentially reduce lung cancer related deaths and prolong survival. Thus, lung cancer screening is now recommended in high risk patients. The United States Preventative Services Task Force recommended in 2015 that adults between the age of 55-80, who have a 30 pack per year smoking history, and are currently smoking or have quit within the past 15 years, consider screening with low dose computed tomography (LDCT). At Confluence Health, 90-92% of patients presenting with lung cancer were current smokers or had a smoking history (see figure 2).

![Smoking History Chart](figure2.png)

**Figure 2.** Smoking rates in lung cancer patients at Confluence Health 2016-2017.
The suspicion of lung cancer is based on clinical presentation, and history. Initial work-up may include a thorough history and physical exam, chest X-ray, basic chemistry, blood count, CT, biopsy, bronchoscopy, PET-CT, brain MRI, pulmonary function testing, VQ scan, molecular testing, and pathologic mediastinal staging. For each case, the modalities used to evaluate patients is tailored based on histology, stage, and anticipated intervention per NCCN guidelines. Specifically, patients with stage I or II disease on imaging and with a strong suspicious of lung cancer based on risk factors do not always require biopsy before surgery. For patients that are surgical candidates, bronchoscopy and invasive mediastinal staging can be done at the time of surgery, prior to resection for most clinical stage I and II patients to avoid two instances of invasive surgical procedures.

Other diagnostic tools which may be considered include bronchoscopy with transbronchial needle aspiration (TBNA), image guided trans-thoracic biopsy, thoracentesis, mediastinoscopy, VATS, EBUS guided biopsy, EUS, and navigational bronchoscopy. Patients with suspected nodal disease should be biopsied by EBUS, EUS, navigational bronchoscopy, or mediastinoscopy. Cytology is recommended for pleural effusions. If a patient has oligometastatic disease (meaning a very limited number of metastatic lesions), tissue confirmation is recommended. Brain MRI is recommended for Stage II and above and optional in stage Ib. MRI is recommended for superior sulcus lesions abutting the spine or subclavian vessels. See figure 3 for staging work-up modalities employed at Confluence Health for patients between 2016-2017.

Figure 3. Lung cancer workup using bronchoscopy, PET-CT, PFT, brain MRI and molecular assessment at Confluence Health 2016-2017.
In looking at the men and women diagnosed with lung cancer at Confluence Health between the years of 2016 and 2017, there were 132 lung cancer cases diagnosed, 70 of these were male, 65 females, 71 were currently alive at the time of writing this publication, and 64 had expired. Data was available to stratify patients by stage, age, distance traveled, and presenting signs for the years 2016 and 2017; benchmark data was available only for 2016. The number of new cases of lung cancer by stage diagnosed at Confluence Health with and is consistent with national benchmarks (Figure 4).

The national benchmark for lung cancer by stage for 2016 was stage I 30% stage II 9%, stage III 18% and stage IV 40%. For 2016, at Confluence Health, stage I was 33%, stage II %, there were more stage III patients at 32%, and less stage IV at 26%. In 2017, there were more stage II and IV patient: stage I 28%, stage II 16%, stage III 20%, and stage IV 33%. (Source: National Cancer Data Base, American College of Surgeons, and Confluence Health Tumor Registry Data).
When comparing the age at diagnosis of lung cancer cases diagnosed within Confluence Health in the years 2016-2017 compared to national trends, we find a similar distribution of age at the time of diagnosis.

See Figure 5. (Source: National Cancer Data Base, American College of Surgeons, and Confluence Health Tumor Registry Data).

Figure 5. Lung cancer cases by Age at Confluence Health in 2016 and 2017, and National Benchmark in 2016 and 2017.
One of the unique features of cancer care within North Central Washington is the rural locations in which our patients live, with 45% of our patients traveling 50-99 miles for treatment, and 23% traveling over 100 miles one way for treatment. This is in comparison to other Community Cancer Centers in the country, with only 9% and 4% traveling nationally 50-99 and >100 miles respectively for treatment (Figure 6). Patients in these remote locations likely have less access to care, thus underscoring the importance of outreach and screening programs in these areas.

Figure 6. Distribution of patients by distance traveled for Confluence Health and other benchmark programs.
The treatment of Lung Cancer is personalized to each individual case, and involves many factors including underlying health, life expectancy, stage of cancer, symptoms of cancer, etc. Once a diagnosis of lung cancer is made, patients are typically evaluated by a multi-disciplinary team including a thoracic surgeon, pulmonologist, oncologist, and radiation oncologist. Of critical importance for stage I and II cancer is patient evaluation by a thoracic surgeon to determine if a patient is a candidate for surgery. This crucial decision point will dictate further staging studies such as EBUS and mediastinal staging which need to happen in a timely manner to determine if a patient will require chemotherapy and radiation or radiation only for unresectable patients. Confluence Health has a strong thoracic oncology program including a board-certified thoracic surgeon, pulmonary specialists with capability to perform navigational bronchoscopy, and EBUS, as well as a state-of-the-art radiation oncology with the ability to perform lung stereotactic body radiation therapy (SBRT) and a medical oncology program capable of delivery treatments including chemotherapy, immunotherapy, targeted therapies, and palliative care among other services. Patients are often discussed in a multi-disciplinary tumor board to determine the optimal treatment and work-up for a patient, and then a shared decision-making discussion is recommended to discuss the pros and cons of treatment options with the patient and their care team.

National societal guidelines exist to aid with the treatment options for patients with lung cancer. We follow these guidelines, and regularly evaluate our adherence to these guidelines, considering the variation that can be seen in individual cases, and also the decisions and values that patients bring to the discussion table regarding their healthcare. NCCN (National Comprehensive Cancer Network) is nationally recognized source of up to date guidelines, and what we use to assess our program.

Treatment for many cancers continues to evolve over time. We believe in a multi-disciplinary approach to the treatment of cancer, and we plan to create a Lung Cancer Taskforce, with representation from pulmonology, radiation oncology, medical oncology, and thoracic surgery with the goals of improving patient care, ensuring national guidelines for the diagnosis and treatment of lung cancer are followed, fostering collaboration between multiple specialties, and including the patient’s voice in the process of treatment discussions and shared decision making. Specific goals for the next several years are to evaluate current adherence to best practices and national guidelines, develop a care pathway to help adhere to guidelines, and strengthen our outreach and screening programs.

2. SEER. No Title.
Improvements and Accomplishments OSL in 2019

- Formation of a Prostate Cancer Taskforce involving Urology, Radiation Oncology, Medical Oncology, Tumor Registry, Quality Department, and Tumor Registry

- Formation of a multidisciplinary Head and Neck Cancer workgroup

- Improved staging process for Lung Cancer to improve accuracy and consistency, involving EMR Epic and Tumor Registry

- Developed an Oncology Service Line quality report template to encompass oncology quality work on a quarterly basis, presented by Quality Coordinator at quarterly Cancer Committee

- Yearly Oncology RN Education Days focused on: Multiple Myeloma, Side effects of Immunotherapy, Interventional Radiology Overview, USP 800

- Regional Multi-Disciplinary CME activities for Health Care Providers through collaboration with SCCA focusing on: Adverse Events of Immunotherapy, Urothelial Cancer, and Pancreatic Cancer

- Successful Cancer Survivorship Rehabilitation Program in collaboration with: EASE Cancer Foundation, Central Washington University, YMCA, and Confluence Health

- Active Capital Campaign in process with goal of bring a Radiation Treatment Facility to Moses Lake, in collaboration with: Confluence Health Foundation, Columbia Basin Cancer Foundation, Wenatchee Valley Medical Group, Confluence Health

- Identified Healthcare disparity gap in Moses Lake and implemented Oncology Nurse Navigation in Moses Lake

- Identified the barrier to care of financial toxicity with implementation of a standard process for all new Oncology patients to interface with MSW, and Financial Navigation at the time of new patient visits in Medical Oncology

- Developed and implemented standard referral work up algorithms for Hematology Referrals, educated Primary Care Providers Regionally, and instituted with electronic medical record