

TOMORROW  
STARTS  
TODAY.

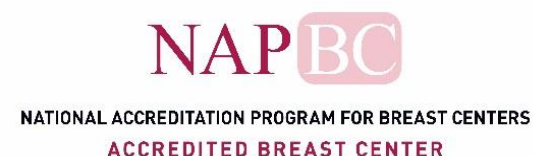
# Comprehensive Cancer Care in Elgin

Cancer Care Center Programs and Services

March 2018

# Welcome to the Center for Cancer Care

- **Concierge**, patient- and family-centered approach to care
- **Freestanding** 15,000 square foot facility on Advocate Sherman Hospital campus
- **State-of-the-art** technology offering a variety of treatment options
- **Multi-disciplinary**, integrated care teams
- **Top** surgeons, oncologists and radiologists
- Oncology-certified RNs



# Cancers We Treat

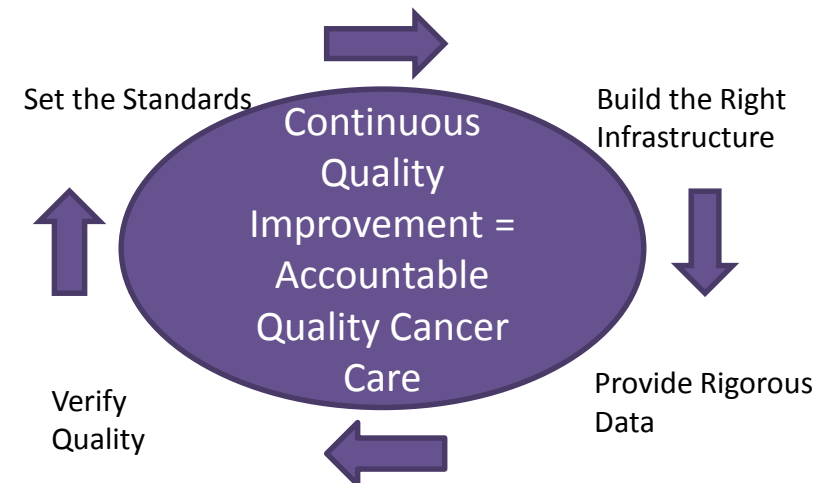
- Bone & Soft Tissue
- Brain Tumors
- Breast
- Cervical & Gynecologic
- Colon and Rectal
- Gastrointestinal & Esophageal
- Head & Neck
- Hereditary Cancer
- Leukemia & Lymphomas
- Lung
- Pancreatic and Liver
- Prostate & Urologic
- Skin & Melanoma
- Thoracic

# Quality Matters

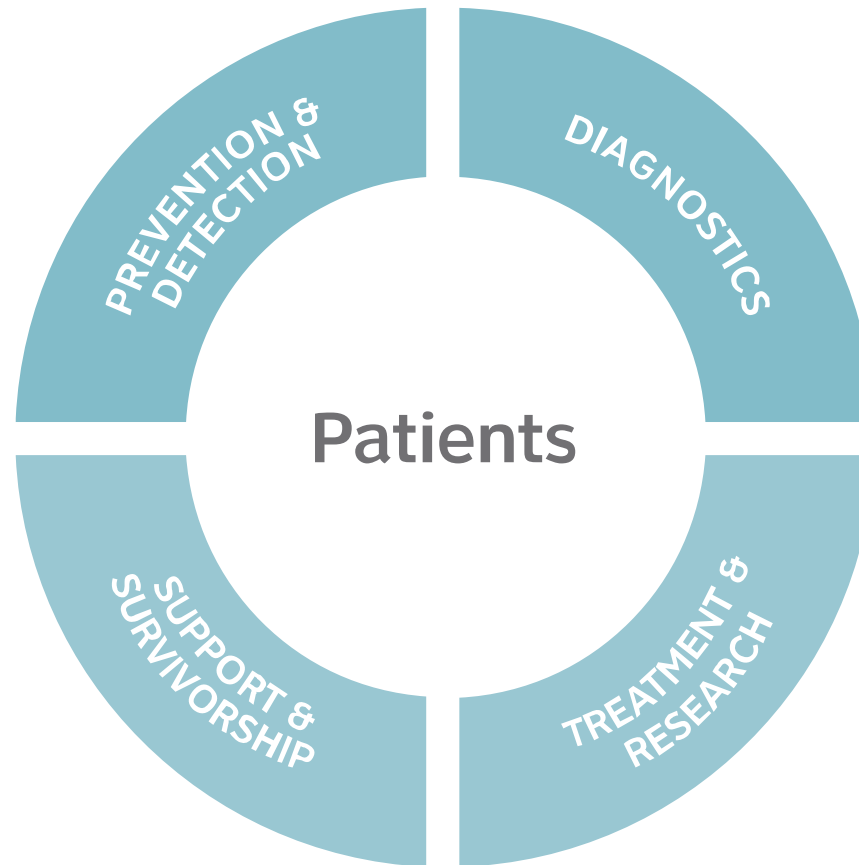
## What is the CoC?

The Commission on Cancer (CoC) is the only multidisciplinary accreditation program for cancer programs in the U.S. The CoC promotes accountable quality care through:

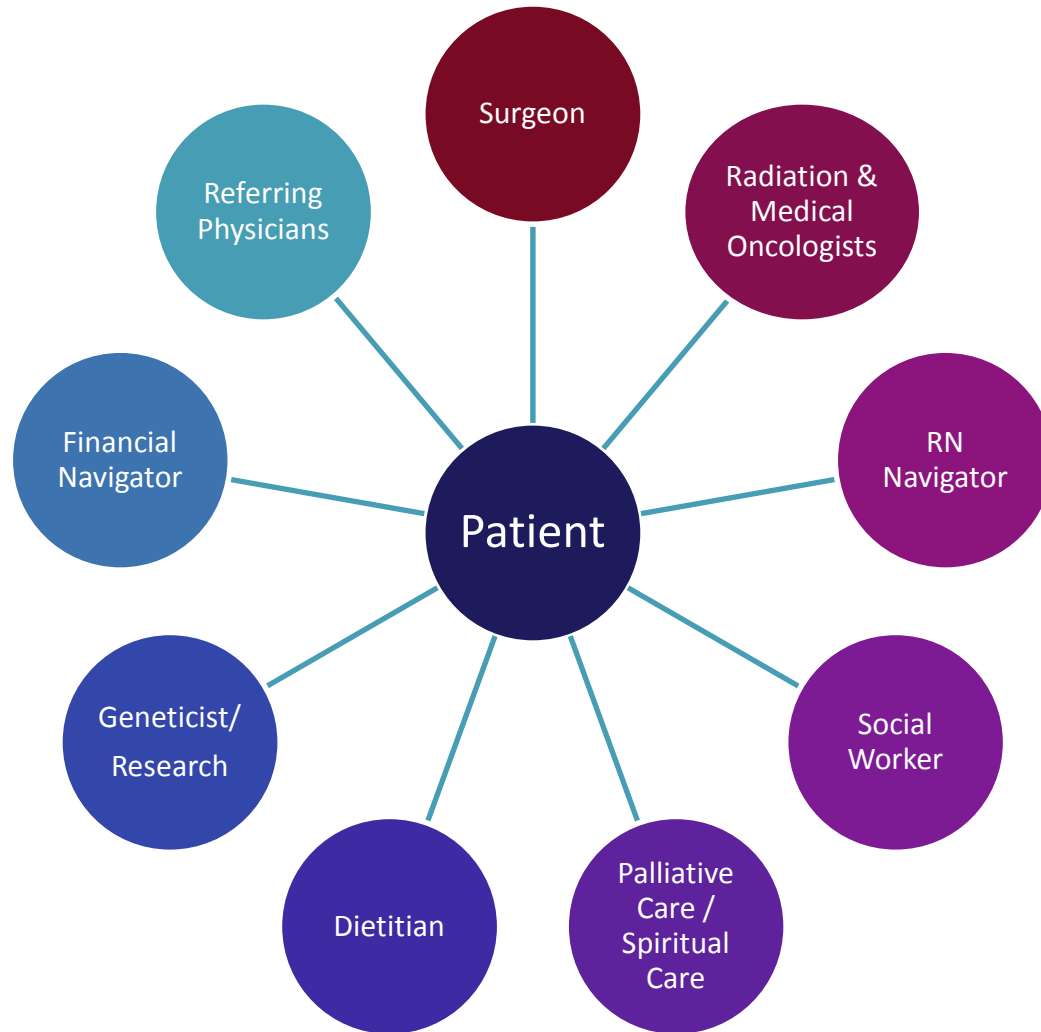
- Comprehensive standards that guide treatment and ensure patient-centered cancer care
- Unique reporting tools to benchmark performance and improve outcomes
- Educational interventions and targeted training opportunities



# The Power of Integrated Care



# Multidisciplinary Team



We take a team approach to treating cancer.

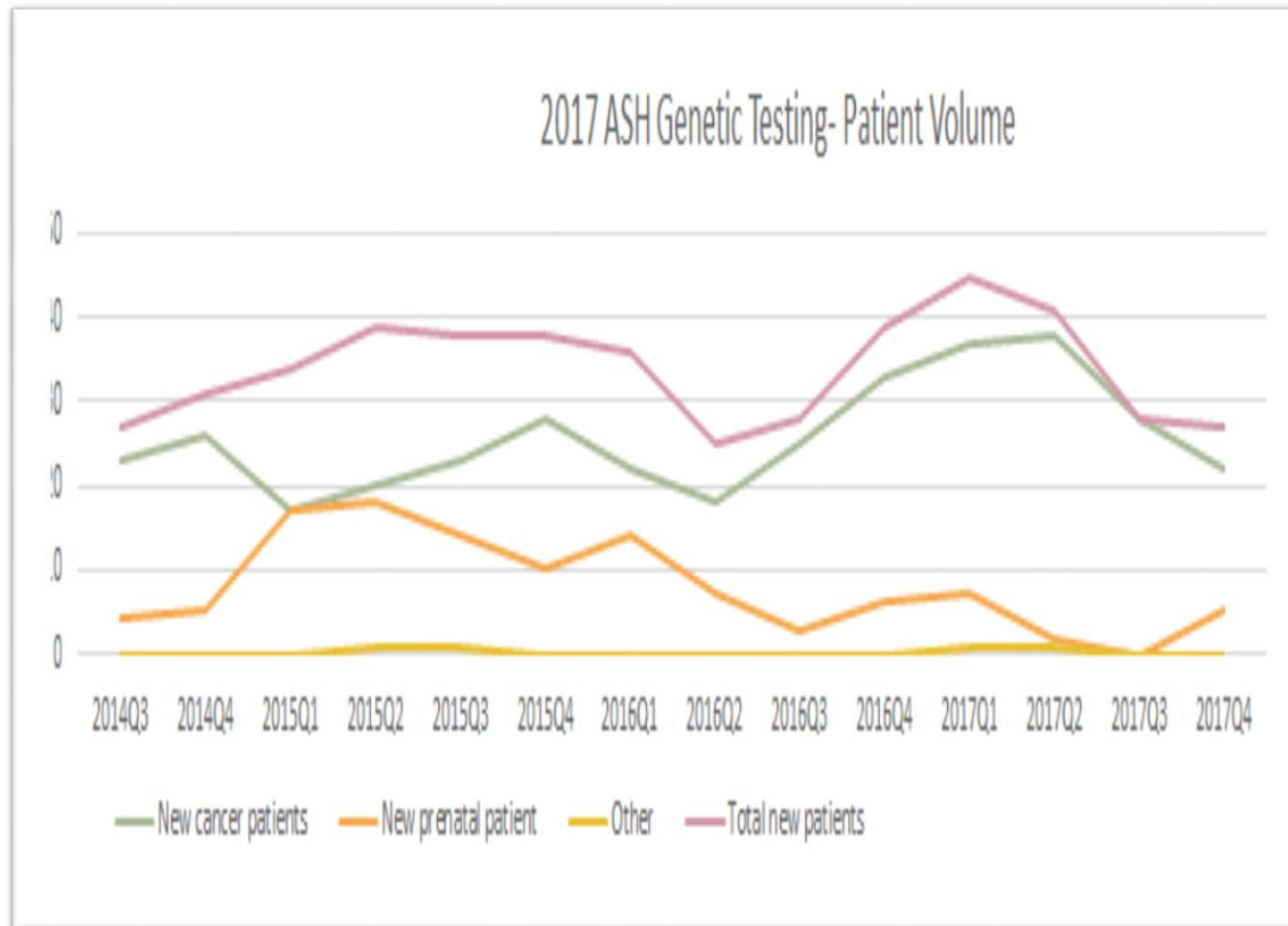
Our multidisciplinary care team uses specific knowledge of their specific area of medicine to formulate an exact diagnosis and develop the best personalized treatment plan for the specific patient.

# Prevention & Detection

- Diverse community outreach and education in partnership with
- Lung screening program
- High risk breast cancer screening tool
- Genetic counseling and tele-genetics
- Cardio-oncology program
- Free mammogram and colonoscopy for at-risk populations in partnership with



# AMG Genetics



Sherman's Cancer Genetics Program offers cancer risk assessment and genetic counseling by certified genetic counselors who are licensed healthcare providers in the state of Illinois via telemedicine.

Our program aims to educate patients about their cancer or risk of developing cancer and empower them to make educated informed decisions about genetic testing, cancer screening and cancer prevention.



# Diagnostics

- 3D Mammogram, Breast MRI and Ultrasound
- Genetic Testing
- Endoscopic Ultrasound (GI)
- Prostate MRI
- Blue light cystoscopy (bladder)
- Spyglass (biliary)

# Research

Type of Research Study	# of Subjects Consented and Enrolled
Clinical Trials	0
Diagnostic Trials	0
Genetic Studies	0
Prevention and Control: ACR Lung Cancer Screening Registry	78
Quality of Life and Economics of Care Studies	21: 15 breast and 6 are other diagnoses
Bio-Repository/Bio-Bank Studies	0
Patient Registry Studies	0
Other Studies: Health Survivorship Care Plan study	4
Total Incidence for Year	103
Total Percent Enrolled	12.4%

# Support & Survivorship

- “Concierge” support services
  - Nurse Navigator
  - Financial Navigator
  - Social Worker
  - Dietitian
  - Palliative Care
  - Mission & Spiritual Care
- Breast Cancer Support Group
- Survivor Events and Outreach
- Partnerships:



*Greater Elgin Family Care Center*

# Financial Navigation Program

Goal	Process
<ul style="list-style-type: none"><li>• To provide assistance to patients throughout the continuum of care</li><li>• Eliminate patients who forgo or postpone treatment due to cost</li><li>• To maximize support from external sources</li><li>• To be proactive with patient concerns vs. reactive</li></ul>	<ul style="list-style-type: none"><li>• Screen all new patients</li><li>• Review Insurance Benefits</li><li>• Options to Mitigate Costs<ul style="list-style-type: none"><li>○ Copay Assistance Programs</li><li>○ Free Medication</li><li>○ Insurance Optimization</li><li>○ Financial Assistance</li><li>○ Free Medication</li><li>○ Denials</li><li>○ Medicare Advantage Vs. Supplemental Plans</li><li>○ Social Security Disability</li><li>○ Medicaid &amp; Premium Subsidies</li><li>○ Cobra vs. ACA</li><li>○ Assistance with bills / discounts</li></ul></li></ul>

# Colon Cancer Coalition Grant

- Achieving 80% by 2018 Partnership with National Colorectal Cancer Roundtable (NCCRT) and American Cancer Society (ACS)

Colon Cancer Screening Stats  
CY 01/1/17-12/31/17

Patients who received Colonoscopy

124

- Advocate Sherman Hospital—Colon Cancer Coalition Grant partnership
  - Colorectal Cancer Prevention and Early Detection Program
  - Get Your Rear in Gear Event raised funds to support initiative
  - Colon Cancer Awareness Education program, Fecal Occult Blood Tests and Colonoscopies for high risk patients identified through partnership with Greater Elgin Family Care Center

# Lung Screening Program

Lung Screening Program  
CY: 01/1/17-12/31/17

Lung Screenings Performed

104

- Program began Fall 2015
- Low-Dose CT scan screening helps detect lung cancer earlier and other lung diseases sooner to increase the chances for a cure
- Lung Screenings are open to adults who meet the following criteria:
  - Age 55-77
  - Current smoker or former smoker who quit smoking within the last 15 years
- A team of specialists will help with:
  - Screening questionnaire
  - CT review including a follow-up consultation
  - Discuss smoking cessation and additional recommendations
- Please visit <http://www.advocatehealth.com/Sherman-lung-screening-program> for further details and call 224-783-8972 for more information or to schedule an appointment

# Breast Prevention & Screening Program

## Women's Organization for Wellness (W.O.W.)

- Partnership among Advocate Sherman Hospital, Greater Elgin Family Care Center, Presence St. Joseph Hospital, and the Visiting Nurse Association (V.N.A.) of Fox Valley.
- Educates and provides free screening and diagnostic breast care resources for underserved and underinsured women in the community.
- Acts as a liaison between women, doctors, hospitals, and community agencies to procure free mammograms and link to financial assistance if a breast disease is detected.

W.O.W. Stats CY: 01/1/17-10/31/17	
Total Vouchers Provided	105
Screening mammograms	96
Diagnostic mammograms	1
Diagnostic mammogram w/ ultrasound	1
Ultrasound	1
96 patients—Hispanic 2 patients—African American 1 patient—Asian 1 patient—N/A	
Age ranges:	5 patients in their 30's 57 patients in their 40's 32 patients in their 50's 11 patients in their 60's

# Program Profile Reports – (CP3R) 2016 Outcome Analysis



# Primary Site Breast - 2016 Performance Rate(s)

## CoC Accountability Measures

Primary Site Breast	Measure Type	Measure Description	2016 Standard and Expected EPR	2016 ASH EPR (%)
BCSRT	Accountability Measure	Radiation therapy is administered within 1 year (365 days of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer (BCSRT)	Standard 4.4 90%	94% Above EPR compliance

# Primary Site Breast - 2016 Performance Rate(s) CoC Accountability Measures

Primary Site Breast	Measure Type	Measure Description	2016 CoC Standard and Expected EPR	2016 ASH EPR (%)
MAC	Accountability	Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB-III hormone receptor negative breast cancer	N/A	100%

# Primary Site Breast - 2016 Performance Rate(s)

## CoC Accountability Measures

Primary Site Breast	Measure Type	Measure Description	2016 CoC Standard and Expected EPR	ASH EPR
HT	<b>Accountability</b>	Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer	90%	95%

# Primary Site Breast - 2016 Performance Rate(s) CoC Accountability Measures

Primary Site Breast	Measure Type	Measure Description	CoC Standard and expected Performance Rate (EPR)	ASH EPR
MASTRT	Accountability	Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with $\geq 4$ positive regional lymph nodes	Standard 4.4 90%	N/A No patients within this metric. 1 patient identified but due to residual disease required additional chemotherapy and did receive radiation therapy but delayed due to pathological stage and revised treatment plan

# Primary Site Breast - 2016 Performance Rate(s)

## CoC Quality Improvement

Primary Site Breast	Measure Type	Measure Description	CoC Standard and expected Performance Rate (EPR)	ASH EPR
nBx	Quality Improvement	Image or palpation-guided needle bx. To the primary site is performed to establish diagnosis of breast cancer	Standard 4.5 80%	99%

# Primary Site Breast - 2016 Performance Rate(s)

## CoC Quality Improvement

Primary Site Colon	Measure Type	Measure Description	CoC Standard and expected Performance Rate (EPR)	ASH EPR
ACT	Accountability	Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer (accountability)	Not Applicable	100%

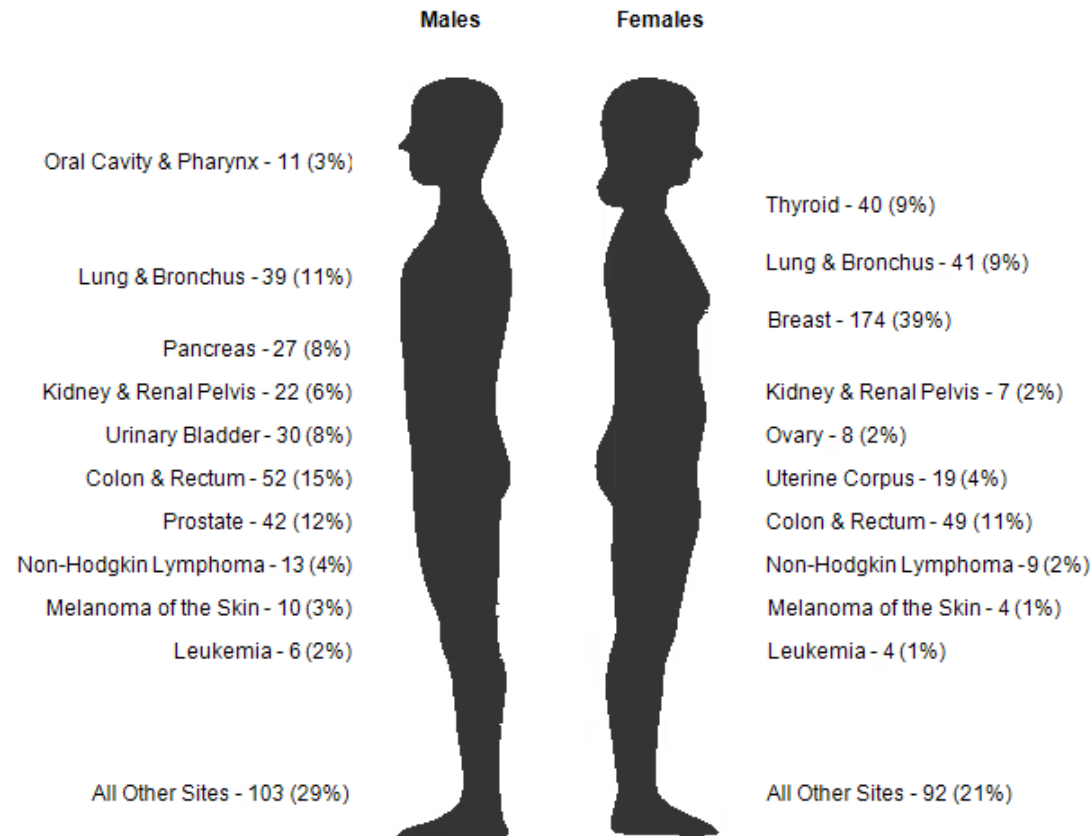
# Primary Site Breast - 2016 Performance Rate(s)

## CoC Quality Improvement

Primary Site Colon	Measure Type	Measure Description	CoC Standard and expected Performance Rate (EPR)	ASH EPR
12 RLN	Accountability	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	Not Applicable	100%

# ASH 2016 Top Ten Primary Sites by Sex

## Summary by Body System and Sex Report



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# Resources Slide

- Advocate Health Care
- Advocate Sherman Cancer Program Database
- American Cancer Society (ACS)
- American College of Surgeons, Commission on Cancer (ACoS-CoC)
- LivingWell Resource Center
- Journey Care
- Advocate at Home
- National Colorectal Cancer Roundtable (NCCRT) and American Cancer Society (ACS)
- Women's Organization for Wellness (W.O.W.)

# Contributors Slide

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