



**Simonds-Sinon Regional Cancer Center
PUBLIC REPORTING OF OUTCOMES OF
THE CANCER COMMITTEE**

2015 Quality Improvement Measures



*UMassMemorial
HealthAlliance-Clinton Hospital*



Madhavi K. Toke, MD
Interim Medical Director &
Chair of the Cancer
Committee at the
Simonds-Sinon Regional
Cancer Center

As chair of the Cancer Committee I am charged with the responsibility of monitoring, assessing and identifying changes needed to maintain a quality cancer program. We believe that our community deserves top quality cancer care – the latest in cancer-fighting technology, procedures, and pharmaceuticals – all delivered with unrivaled customer service experience.

Our dedicated team is built around highly specialized board certified team of hematologist /oncologist and radiation oncologist who are part of UMass Memorial Health Care system. The Center also features a licensed pharmacist, 10 oncology nurses, a boarded radiation physicist, a certified medical dosimetrist, 8 registered radiation therapists, on-site laboratory services, a nutritionist, Oncology Dietitian, financial counselor, a social worker, a certified cancer registrar and an American Cancer Society Resource Center.

The Simonds–Sinon Regional Cancer Center is an American College of Surgeons Commission on Cancer (ACoS) approved program. The center has maintained this accreditation since 2001 and has received commendation in six of seven areas on the last survey. The three-year accreditation received by the center is the highest level of recognition offered by the commission.

Our team includes board-certified specialists with advanced training and expertise in specific cancers—from breast, lung, prostate and colorectal cancers to melanoma and lymphoma. The Cancer Center treats about 680 new patients each year with over 11,000 Medical Oncology visits and 12,000 Radiation Oncology visits per year. The Simonds–Sinon Regional Cancer Center also offers access to clinical trials, with the goal of improving the treatment of cancer and the development of new medical knowledge. Our patients benefit from consultation with a certified genetic counselor when appropriate.

The Simonds–Sinon Regional Cancer Center assesses patients for psycho-social distress upon the first visit and intermittently when appropriate. The center is also an early adopter of the Survivorship Care Plan initiative. We have also successfully introduced a Patient Navigation Program provided by oncology nurses to address patients and families’ psychosocial, information, and care coordination needs.

The Simonds–Sinon Regional Cancer Center provides state of the art complementary therapy/modalities in addition to standard treatments. Many patients use these therapies to reduce the side effects of cancer treatments and to improve their physical and emotional well-being - such approaches may also help improve recovery.

A cancer diagnosis is a profound experience for patients and our number one goal is to deliver on our mission of providing quality, compassionate, accessible health care close to home for our community.

Sincerely,
Madhavi K. Toke, MD

Meet our Team

Hematology-Oncology



Tasneem Ali, MD



Sowmya Korapati, MD



Kriti Mittal, MD, MS



Monaliben A. Patel, MD

Radiation Oncology



Thomas J. Fitzgerald, MD
Chair



Bruce A. Bornstein, MD, MBA



Richard S. Pieters, Jr., MD



Allison Sacher, MD



John M. Varlotto, MD

Oncology Navigation Program



Oncology Patient Navigator provides:

- Coordination of care
- Communication between providers
- Patient advocacy
- Emotional support
- Resolves patient barriers to care
- Facilitates access to care
- Provides education
- Clarifies areas of confusion
- Provides early intervention at the time of suspicion of cancer
- Assesses the variety of needs at the earliest point (insurance, transportation, community resources)

Patient Navigation in cancer care refers to a patient centered, highly specialized model of care aiding in overcoming barriers and facilitating timely access to clinical services and resources. The navigation process encompasses prediagnosis through all phases of the cancer experience. UMass Memorial HealthAlliance-Clinton Hospital employs three oncology nurse navigators with oncology specific knowledge and experience in cancer care. The navigator becomes the patient advocate enhancing coordination of care, communication between providers, providing emotional and psychosocial support and providing education throughout the journey. Barriers to care can vary from patient-centered, provider-centered, Health System centered to community centered.

The Navigation Program annually identifies and addresses a barrier to cancer care based on a community assessment. This focuses the team to health disparities in our local community and influence change in resource gaps. The Oncology Nurse Navigator plays a key role in providing patients with a survivorship plan of care, providing a summary of their cancer treatment and an individualized surveillance plan for their long-term care.

Cancer Program Practice Profile Reports

On the following pages you will find the Cancer Program Practice Profile Reports (CP3R). These quality measures encompass multiple primary cancer sites, including Breast, Colon, Rectal and Lung. UMass Memorial HealthAlliance-Clinton Hospital/Simonds-Sinon Regional Cancer Center data is derived from the National Cancer Data Base submitted by our certified tumor registry team. Although the data provided in the measures is past data from 2015, these reports provide valuable feedback to our program. These reports are regularly presented to Cancer Committee to review and evaluate evidence based patient care, discuss successful processes and identify processes where clinical improvements are required.

2015 Quality Measures

Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	96%	89.9-100	47	1
My ACS Division	93%	92-93.2	7995	94
My Census Region	93%	92-93.2	7995	94
My CoC Program Type	91%	90.6-91.6	13067	357
My State	92%	91-92.8	3426	39
All CoC Approved Programs	91%	91-91.4	129603	1337

Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	90.5%	78-100	21	1
My ACS Division	95.5%	94.9-96.1	4293	94
My Census Region	95.5%	94.9-96.1	4293	94
My CoC Program Type	90%	89.4-90.8	7063	357
My State	96%	94.7-96.5	1822	39
All CoC Approved Programs	92%	91.5-91.9	76842	1337

2015 Quality Measures

Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes (Accountability)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	100%	100-100	1	1
My ACS Division	94%	91.8-97	301	94
My Census Region	94%	91.8-97	301	94
My CoC Program Type	85%	82.2-87.6	654	357
My State	95%	91.2-98.6	138	39
All CoC Approved Programs	87%	86.5-88.1	6584	1337

Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	92%	81.4-100	25	1
My ACS Division	94%	93.7-95.1	4105	94
My Census Region	94%	93.7-95.1	4105	94
My CoC Program Type	89%	88.4-90	5452	357
My State	94%	92.6-94.8	1893	39
All CoC Approved Programs	91%	91-91.4	57514	1337

2015 Quality Measures

Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer (Accountability)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	100%	100-100	3	1
My ACS Division	97%	95.7-98.3	636	94
My Census Region	97%	95.7-98.3	636	94
My CoC Program Type	93%	91.5-94.5	1080	357
My State	99%	98.3-100	281	39
All CoC Approved Programs	93%	92.3-93.3	12264	1337

Adjuvant chemotherapy is considered 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)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	87.5%	64.6-100	8	1
My ACS Division	89%	86.4-92	462	94
My Census Region	89%	86.4-92	462	94
My CoC Program Type	87%	84.9-88.7	1158	357
My State	89%	85-93.6	197	39
All CoC Approved Programs	88%	87.1-88.3	9985	1349

2015 Quality Measures

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	100%	100-100	13	1
My ACS Division	94%	93.4-95.4	2012	94
My Census Region	94%	93.4-95.4	2012	94
My CoC Program Type	89%	88.3-90.1	4641	357
My State	95%	93.2-96	962	39
All CoC Approved Programs	92%	91.8-92.4	39916	1349

Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	100%	100-100	6	1
My ACS Division	92.5%	90.3-94.7	549	94
My Census Region	92.5%	90.3-94.7	549	94
My CoC Program Type	94%	92.3-95.3	1007	357
My State	95%	92.2-97.8	238	39
All CoC Approved Programs	92%	91.7-92.7	9288	1339

2015 Quality Measures

Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	100%	100-100	1	1
My ACS Division	94.5%	91.9-97.1	293	94
My Census Region	94.5%	91.9-97.1	293	94
My CoC Program Type	88%	84.1-91.5	295	357
My State	96%	93.1-99.5	136	39
All CoC Approved Programs	90%	89-90.8	4268	1339

Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is considered; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	100%	100-100	2	1
My ACS Division	87.5%	83.9-91.1	319	92
My Census Region	87.5%	83.9-91.1	319	92
My CoC Program Type	88%	84.7-90.7	463	349
My State	84%	78.4-89.8	157	38
All CoC Approved Programs	87%	86.3-88.1	5907	1322

2015 Quality Measures

Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance)

Comparison to	EPR%	95% CI	# Cases	# Facilities
My Cancer Program	88%	77.4-99	34	1
My ACS Division	76%	75.2-77.2	7063	94
My Census Region	76%	75.2-77.2	7063	94
My CoC Program Type	70%	69.3-71.1	10622	357
My State	79%	77.6-80.6	2999	39
All CoC Approved Programs	66%	65.8-66.4	122471	1337

LOW-DOSE CT LUNG CANCER SCREENING PROGRAM

Screening Guidelines and Physician Referral

Private (commercial) insurers and the Centers for Medicare and Medicaid Services (CMS) mandate patients meet specific criteria for reimbursement of low-dose CT scanning for lung cancer. There are variances, but in general:

- Age 55 to mid-70s (74, 77)
 - A 30-pack a year smoking history
 - Current or former smoker, within the past 15 years
 - If a current smoker: shared decision making of some options for smoking cessation
- In most instances, a patient must have a referral from a physician for insurance coverage.*

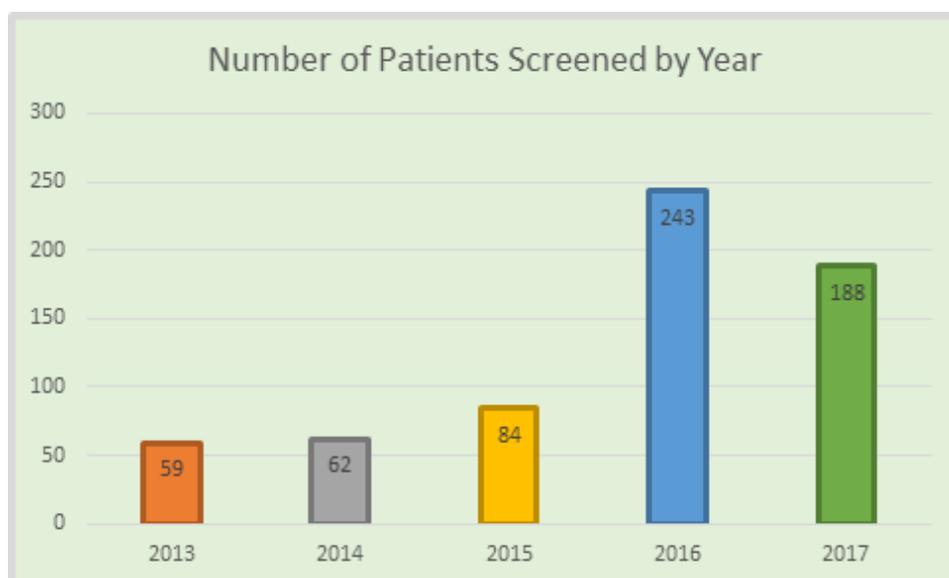
Screening Costs and Insurance Coverage

One of the direct impacts of the study was that it changed insurance coverage and reimbursements for lung cancer screening CT scans. Prior to the study, patients had to pay out of pocket for a screening lung CT scan. UMass Memorial Health Care offered the service for a flat rate of \$250, and patients would self-refer for this service. Private insurers started changing reimbursement rates around 2012, with most covering low-dose CT scans for patients who met specific criteria. Beginning on January 1, 2016, Medicare also put into place reimbursement guidelines.

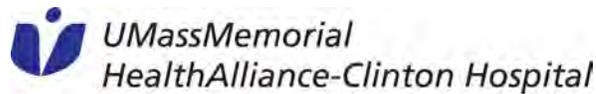
Screening Locations

UMass Memorial Health Care provides low-dose CT scans at four locations in Central Massachusetts. Each facility is certified by the American College of Radiology (ACR) as a "Designated Lung Screening Center," as well as being linked to the National Lung Screening Data Registry. The facilities are in the following locations:

- Clinton
- Marlborough
- Leominster*
- Worcester



* Number of Patients Screened by Year: Leominster Campus



About UMass Memorial HealthAlliance-Clinton Hospital:

UMass Memorial HealthAlliance-Clinton Hospital is a full-service, 170 bed community hospital serving communities in North Central Massachusetts and surrounding cities and towns with a team of over 400 physicians across 40 health care specialties. We provide a full complement of services on our three campuses in Clinton, Fitchburg and Leominster including two 24-hour state-of-the-art emergency departments; two urgent care centers; primary care, behavioral health, a complementary care center and specialty care such as the Simonds-Sinon Regional Cancer Center, home health and hospice, physical therapy centers, and geriatric psychiatry programs and services.

Visit healthallianceclinton.com for more information.

Burbank Campus: 978-343-5000

Clinton Campus: 978-368-3000

Leominster Campus: 978-466-2000



UMass Memorial Health Care is the largest not-for-profit health care system in Central Massachusetts with more than 12,000 employees and 1,600 physicians, many of whom are members of UMass Memorial Medical Group. Our member hospitals and entities include UMass Memorial – HealthAlliance-Clinton Hospital, UMass Memorial – Marlborough Hospital, UMass Memorial Medical Center and UMass Memorial – Community Healthlink, our behavioral health agency. With our teaching and research partner, the University of Massachusetts Medical School, our extensive primary care network and our cancer, diabetes, heart and vascular, orthopedic and surgery programs, UMass Memorial delivers safe, high-quality and compassionate care. Visit www.umassmemorialhealthcare.org.

To find a physician in your community, call 855-UMASS-MD (855-862-7763).

UMass Memorial HealthAlliance-Clinton Hospital
Burbank Campus
Simonds-Sinon Regional Cancer Center
275 Nichols Road, Fitchburg, MA 01420
978-665-5800