Bobbi Lewis Cancer Program at Good Samaritan Hospital

Cancer Needs Assessment 2019 - 2021

Program Summary

The Bobbi Lewis Cancer Program at Good Samaritan Hospital (The Program) is a fully accredited Comprehensive Community Cancer Program as determined by the American College of Surgeons Commission on Cancer. The Program is led by Sushil Bhardwaj, MD, FACP, a board-certified Medical Oncologist with over 40 years of experience. The Program offers the most current treatments, utilizing state of the art equipment, while the highly trained staff provides a superior level of care that is critical to every element of cancer diagnosis, treatment and survivorship.

The Mission of Good Samaritan Hospital is to bring compassion to health care and to be good help to those in need. Our highly skilled and equally compassionate staff embodies this mission by working in partnership with each patient to make the treatment period as successful and manageable as possible.

The Program is overseen by a cancer committee that monitors all activities that impact the care of our patients with a cancer diagnosis. The cancer committee ensures that the hospital complies with the standards set forth by the New York State Board of Health and the American College of Surgeons for monitoring and reporting the diagnosis and management of cancer cases. The Committee is composed of physicians representing oncology, surgery, radiology, palliative care, and pathology, as well as healthcare professionals from nursing, administration, community outreach, spiritual care, and the cancer program office.

The Cancer Registry is staffed by a cancer coordinator who is a certified tumor registrar. The coordinator is responsible for reporting and tracking all cases of cancer managed at Good Samaritan Hospital to the New York State Department of Health. She also coordinates semi-monthly tumor conferences and educational programs for our staff. The Program also employs a full time RN, Clinical Nurse Navigator and a full time RN, Oncology Certified Nurse Urology and Radiation Coordinator.

From January 2016 through December 2018, the Good Samaritan Hospital Cancer Registry reported 1797 analytic cases. While the top primary sites varied slightly for each of those years, Breast, Bronchus & Lung, Colon, Urinary Bladder, and Prostate Gland were the top five primary sites in 2018. The significant increase in Prostate cancer diagnoses for 2018 is most likely attributable to the expansion of the Bon Secours Urology group to include physicians who are national leaders in prostate cancer and The Program's addition of state of the art diagnostic equipment and treatment capabilities. Additional selected data reported to the National Cancer Database (NCDB) is further summarized in the charts below.

10 Top Primary Sites

| | 2016 | | 2017 | | 2018 | | All Others | | Total Values | |
|--------------------|--------|-----------|--------|-----------|--------|-----------|---------------|----------|-----------------|----------------------|
| | Number | (%) | Number | (%) | Number | (%) | Number | (%) | Number | (%) |
| Breast | 154 | (34.15 %) | 143 | (31.71 %) | 153 | (33.92 %) | 1 | (0.22 %) | 451 | (25.1 %) |
| Bronchus & Lung | 88 | (30.99 %) | 106 | (37.32 %) | 89 | (31.34 %) | 1 | (0.35 %) | 284 | (15 0 0/) |
| Colon | 49 | (31.01 %) | 56 | (35.44 %) | 53 | (33.54 %) | 0 | (0.33 %) | 158 | (15.8 %) (8.79 %) |
| Urinary Bladder | 39 | (27.27 %) | 53 | (37.06 %) | 51 | (35.66 %) | 0 | (0 %) | 143 | (7.96 %) |
| Prostate Gland | 5 | (5.1 %) | 28 | (28.57 %) | 65 | (66.33 %) | 0 | (0 %) | 98 | (5.45 %) |
| Lymph Nodes | 21 | (26.92 %) | 30 | (38.46 %) | 27 | (34.62 %) | 0 | (0 %) | 78 | (4.34 %) |
| Thyroid Gland | 25 | (37.88 %) | 21 | (31.82 %) | 20 | (30.3 %) | 0 | (0 %) | 66 | (3.67 %) |
| Pancreas | 20 | (40 %) | 11 | (22 %) | 19 | (38 %) | 0 | (0 %) | 50 | (2.78 %) |
| Skin | 12 | (27.91 %) | 14 | (32.56 %) | 17 | (39.53 %) | 0 | (0 %) | 43 | (2.39 %) |
| Stomach | 10 | (23.26 %) | 19 | (44.19 %) | 13 | (30.23 %) | 1 | (2.33 %) | 43 | (2.39 %) |
| Any Others | 146 | (38.12 %) | 112 | (29.24 %) | 122 | (31.85 %) | 3 | (0.78 %) | 383 | (21.31 %) |
| Overall Totals | 569 | (31.66 %) | 593 | (33 %) | 629 | (35 %) | 6 | (0.33 %) | 1797 | (100 %) |

Primary Payer by Date of Diagnosis

| | 2016 | 題 | 2017 | | 2018 | | Total Values | |
|------------------------------|--------|-----------|--------|-----------|--------|-----------|-----------------|-----------|
| | Number | (%) | Number | (%) | Number | (%) | Number | (%) |
| not insured | 0 | (0 %) | 0 | (0.04) | | (0.04) | | |
| | - · | | 0 | (0 %) | 0 | (0 %) | 0 | (0 %) |
| not insured self-pay | 1 | (50 %) | 0 | (0 %) | 1 | (50 %) | 2 | (0.11 %) |
| insurance nos | 0 | (0 %) | 2 | (16.67 %) | 10 | (83.33 %) | 12 | (0.67 %) |
| HMO, PPO | 266 | (39.7 %) | 228 | (34.03 %) | 176 | (26.27 %) | 670 | (37.51 %) |
| Private ins, fee for service | 1 | (5.56 %) | 6 | (33.33 %) | 11 | (61.11 %) | 18 | (1.01 %) |
| Medicaid | 3 | (10.34 %) | 15 | (51.72 %) | 11 | (37.93 %) | 29 | (1.62 %) |
| Medicare, without supplement | 9 | (64.29 %) | 2 | (14.29 %) | 3 | (21.43 %) | 14 | (0.78 %) |
| Medicare, with supplement | 328 | (32.25 %) | 344 | (33.82 %) | 345 | (33.92 %) | 1017 | (56.94 %) |
| Medicare with Medicaid | 1 | (7.69 %) | 5 | (38.46 %) | 7 | (53.85 %) | 13 | (0.73 %) |
| Other | 2 | (40 %) | 0 | (0 %) | 3 | (60 %) | 5 | (0.28 %) |
| Any Others | 1 | (16.67%) | 3 | (50%) | 2 | (33.33%) | 6 | (0.34 %) |
| Overall Totals | 612 | (34.27 %) | 605 | (33.87 %) | 569 | (31.86 %) | 1786 | (100 %) |

Diagnosis Zip Code

| | 2016 | | 2017 | | 2018 | | Total values | |
|----------------|--------|-----------|--------|-----------|--------|-----------|-----------------|-----------|
| | Number | (%) | Number | (%) | Number | (%) | Number | (%) |
| | | | | | | | | |
| 10977 | 58 | (30.37 %) | 75 | (39.27 %) | 58 | (30.37 %) | 191 | (10.69 %) |
| 10901 | 68 | (35.79 %) | 64 | (33.68 %) | 58 | (30.53 %) | 190 | (10.64 %) |
| 10956 | 36 | (28.35 %) | 43 | (33.86 %) | 48 | (37.8 %) | 127 | (7.11 %) |
| 10954 | 39 | (36.11 %) | 36 | (33.33 %) | 33 | (30.56 %) | 108 | (6.05 %) |
| 10952 | 31 | (34.07 %) | 34 | (37.36 %) | 26 | (28.57 %) | 91 | (5.1 %) |
| 10980 | 22 | (25.58 %) | 33 | (38.37 %) | 31 | (36.05 %) | 86 | (4.82 %) |
| 10950 | 30 | (38.96 %) | 31 | (40.26 %) | 16 | (20.78 %) | 77 | (4.31 %) |
| 10965 | 19 | (36.54 %) | 16 | (30.77 %) | 17 | (32.69 %) | 52 | (2.91 %) |
| 10927 | 20 | (40.82 %) | 14 | (28.57 %) | 15 | (30.61 %) | 49 | (2.74 %) |
| 10923 | 21 | (42.86 %) | 16 | (32.65 %) | 12 | (24.49 %) | 49 | (2.74 %) |
| Any Others | 268 | (34.99 %) | 243 | (31.72 %) | 255 | (33.29 %) | 766 | (42.89 %) |
| Overall Totals | 612 | (34.27 %) | 605 | (33.87 %) | 569 | (31.86 %) | 1786 | (100 %) |

Identified Program Needs & Priorities

Availability and Access to Care

For many of the cancer patients treated in our service area and the surrounding counties, availability of specialized medical and oncological services, and access to that care, can be a challenge. Adding to this is a scarcity of locally-available, cutting edge technology. The Program is addressing these needs in several ways.

Good Samaritan Hospital currently has several board certified surgeons, as well as a board certified breast surgeon, who care for and treat patients locally. A Nurse Practitioner, who is also a Board Certified Advanced Genetics Nursing Counselor, works with at-risk women to screen them for genetic predisposition to cancer and then works with identified patients to develop individualized treatment plans.

Good Samaritan Hospital recently acquired the TrueBeam™ Linear Accelerator system, an advanced radiotherapy technology for treating cancer. Opening up treatment options for people with cancer, it allows patients and their clinicians to plan treatments that are best suited for patients' individual circumstances. This helps to relieve the burden of patients not having regular access to radiation therapy and it allows our board certified Radiation Oncologists to appropriately treat their patients.

Good Samaritan Hospital also has the expertise of the physicians from the Bon Secours Urology group who are national leaders in innovation and advanced prostate therapy. While prostate cancer is the second most common cancer in men, if cases are detected early they are often

low-risk and can be treated quickly. Prostate cancer patients now have access to the most advanced prostate cartography option, the KOELIS Trinity® Fusion-Guided MRI.

Most recently, Westchester Medical Center's Institute for Women's Health and Wellness began seeing patients at Good Samaritan Hospital so local women now have access to gynecologic oncologists as part of a comprehensive health, wellness and prevention program. The Program plans to continue to grow its provider base and acquire new, state of the art equipment, so that area residents will have access to all the expertise they need right in their own community.

Patient Navigation

The Program recognizes the effect that adequate patient navigation services have on improving patient outcomes and, therefore, continues to make patient navigation a priority area. Highly trained and dedicated personnel support patients by personally guiding them through diagnosis, treatment and survivorship.

Breast cancer patients have access to the services of a Clinical Nurse Navigator who guides patients along the pathway to wellness after a breast cancer diagnosis. A Screening Patient Navigator reaches out to women who are overdue for an annual mammogram and assists them through the process of scheduling their mammograms. The Center for Breast Health also employs a Patient Navigator who assists patients with appointments, lab work, follow-up care, emotional support and more.

In 2018, a Urology and Radiation Oncology Coordinator was hired to work with the Bon Secours Urology Group to coordinate patient care and treatment plans. Going forward, patient navigation services will remain as an integral component of the patient care team and The Program is committed to supporting and enhancing this important service.

American Cancer Society Programs & Mechanisms for Partnership

Hospital Collaborative Action Plan

Good Samaritan Hospital and the American Cancer Society (ACS) have created a mutually beneficial collaborative action plan for the purposes of expanding ongoing work and establishing needed support and services for improved cancer care, prevention, screening and survivorship. The ACS provides direct programs and services to address access to care barriers, such as Road to Recovery, Hotel Partnership Program and health insurance guidance. Through their over-the-phone navigation program, the ACS offers resources and guidance on emotional, financial, and any non-clinical question.

The ACS provides an on-site volunteer that connects with and supports patients in the Good Samaritan Hospital infusion suite. The ACS also provides educational materials which are utilized, when appropriate, as part of patient education. ACS materials are also utilized at community outreach activities to help increase the level of community awareness and education about early detection and cancer prevention.

The ACS Partnership Report for 2018 is attached.





Working Together to Improve Cancer Outcomes

American Cancer Society report to Good Samaritan Hospital Westchester Medical Center Health Network COMMISSION ON CANCER SURVEY -May 16, 2018 ACS Support of CoC Standards and Eligibility Requirements 01/01/2015 through 12/31/2017

Referrals Overview

For the period between 2015- 2017, Good Samaritan Hospital Westchester Medical Center Health Network was actively engaged with the American Cancer Society and referred 217 patients and/or caregivers, which resulted in 442 services provided.

| Year | 2015 | 2015 | 2015 | 2015 | 2015 | 2015 | 2015 | 2015 | 2015 | 2015 | 2015 |
|-----------------|---------|----------|-------|-------|------|------|------|--------|-----------|---------|----------|
| Month | January | February | March | April | May | June | July | August | September | October | November |
| # Referred | 6 | 4 | 9 | 4 | 6 | 9 | 3 | 3 | 7 | 3 | 4 |
| # Referred RDxR | 6 | 4 | 8 | 4 | 6 | 9 | 3 | 3 | 7 | 3 | 3 |
| # Referred UOM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |



Eligibility Requirements:

E9: Clinical Trial Information:

- Clinical Trial Information material approved by IRB and available for physicians in 2 languages
- Clinical Trials Matching Service www.cancer.org/ClinicalTrials or 1-800-303-5691

E10: Psychosocial Services

- Local ACS programs and services
- www.cancer.org
- National Cancer Information Center (NCIC) 1.800.227.2345
- ACS Patient education materials and resources are available

E12: Nutrition Services

- ACS patient education materials and resources are available and utilized by health system.
- www.cancer.org





Working Together to Improve Cancer Outcomes

Program Management Standards:

Standard 1.8: Monitoring Community Outreach

- Participation and provision of Healthy Living material for Hospitals' Outreach Programs as requested
- ACS patient education materials and resources are available and utilized by health system.

Standard 1.9: Clinical Research Accrual

- Information available to patient on the Clinical Trials Matching Service
- http://www.cancer.org/treatment/treatmentsandsideeffects/clinicaltrials/index

Standard 2.3: Genetic Counseling and Risk Assessment

- ACS printed materials available and information on updated Genetic Counseling guides available at www.cancer.org
- . Genetic Testing: What You Need to Know Downloadable patient guide
- National Cancer Information Center (NCIC) 1.800.227.2345. Patients and family members can be directed to call for questions about genetic testing.

Standard 2.4: Palliative Care Services

ACS patient education materials and resources are available

Continuum of Care Standards:

Standard 3.1: Patient Navigation Process:

Support to patients through direct referrals and through our Cancer Resource Volunteer at the Infusion suite. Services provided during survey period are:

| Service Type | # Referred | # Referred Patient Flag | # Service Requests |
|----------------------------|------------|----------------------------|-----------------------|
| General Information | 39 | 39 | 40 |
| Gift Items | 2 | 2 | 2 |
| Look Good Feel Better | 79 | 79 | 86 |
| Personal Health Manager | 104 | 103 | 106 |
| Reach to Recovery | 151 | 150 | 173 |
| Transportation - All Types | 23 | 22 | 26 |
| Wigs | 63 | 63 | 69 |

Demographical distribution is as follows:

Partnership Report



Working Together to Improve Cancer Outcomes

| Newly Diagnosed | # Ref | % Total |
|---------------------|-------|---------|
| Newly Diagnosed | 187 | 86% |
| UOM | 20 | 9% |
| Insurance Type | # Ref | % |
| Medicaid | 9 | 4% |
| Medicare | 37 | 17% |
| Medicare + Medicaid | 10 | 5% |
| Medicare + Other | 3 | 1% |
| Medicare + Private | 23 | 11% |
| Not Populated | 13 | 6% |
| Private | 121 | 56% |
| Uninsured | 1 | 0% |
| | 217 | 100% |

| Race | # Ref | % |
|-------------------------------|-------|------|
| African American/Black | 21 | 10% |
| American Indian/Alaska Native | 2 | 1% |
| Asian | 4 | 2% |
| Caucasian/White | 159 | 73% |
| Hispanic/Latino | 19 | 9% |
| Other | 3 | 1% |
| Unknown | 9 | 4% |
| | 217 | 100% |
| Gender | # Ref | 96 |
| Female | 194 | 89% |
| Male | 15 | 7% |
| Unknown | 8 | 4% |
| Total: | 217 | 100% |

Standard 3.2: Psychosocial Distress Screening

- <u>Distress in People with Cancer</u>, a downloadable guide to help patients understand cancer-related distress and how they can get help and support.

Standard 3.3: Survivorship Care Plan

- Samples available at <u>cancer.org</u>.
- Cancer Survivors Network
- ACS Webinars Available

Patient Outcomes Standards

Standard 4.1 and 4.2: Prevention and Screening Programs

- 80 by 2018 Pledge
- Information for Healthcare Professionals available at <u>cancer.org</u>:
 - o Fact Sheets, Cancer Presentations

Standard 4.3: Cancer Liaison Physician Responsibilities

- Collaborative Action Plan executed.
- Partnership meetings held as needed.