BACKGROUND

• Lung cancer is the leading cause of cancer death
• Reduced time-to-treatment initiation (TTI) reduces mortality, especially in early-stage lung cancer; influences surgical candidacy
• U.S. median TTI (time between diagnosis and start of definitive cancer treatment) for lung cancer = 41 days
• Lack of care coordination, imaging delays, insurance authorization, referral patterns, provider availability, various treatment options within national guidelines, and patient care preferences impact TTI.

PURPOSE

• Describe interprofessional collaboration to optimize diagnosis and treatment initiation for adult thoracic oncology patients

METHODS

• Tertiary hospital and medical group organization within an urban city in the Pacific Northwest in early 2020
• Interprofessional team of pulmonologists, radiologists, thoracic surgeons, informaticists, nurses, and an oncology nurse navigator collaborated in new care coordination algorithm

OUTCOMES

• Reduction in timeline from indication for diagnostic interventional procedure to diagnostic procedure, a subset of the TTI, from mean of 22.8 to 15.8 days (Figure 1).
• Navigator assisted care coordination &/or oversight of 596 patients October 2020 to December 2021

CONCLUSIONS/DISCUSSION

• The interprofessional and collaborative care for patients along the thoracic oncology continuum supports efficiency along the TTI continuum
• Ensuring that patients do not “slip through the cracks” with a coordinated approach that includes a nurse navigator may reduce mortality and morbidity in this population
• Enhanced and automated EMR reporting for populations with abnormal imaging hold potential to further reduce the TTI

REFERENCES

Available upon request