Medical Oncology Referral Offices

Presented by
Christine Muir, RN
Anne Goodwin, RN
Cynthia Boyle, RN
Maureen Edgerly, RN

1

Agenda

- Introduce Office Staff and History
- Teams we work with & how teams are added
- What we do
  - Workload Stats
  - Mode & Source of referrals
  - Our role in the referral process
- Knowledge base for staff
- CCR Referral Application
- Benefits of our offices
- Challenges

2

Medical Oncology Referral Office

- Current Staff
  - Cynthia Boyle 2009
  - Chris Muir 2006; Started with Community-based position
  - Maureen Edgerly 2015
  - Anne Goodwin 2018; primary focus on POB referrals
- Brief History
  - 2007 began with Laura Otten, RN
  - Teams added over time as staffing increased

3

Med Onc Office is Referral Contact for:

- Genitourinary Malignancy Branch
- Thoracic and GI Malignancy Brach
- Developmental Therapeutics Branch (not DTC)
- Urology Oncology Branch (only Dr. Srinivasan)
- HIV & AIDS Malignancy Branch
- Endocrine Surgery
- Women's Malignancy Branch
- Lymphoid Malignancy Branch (Lymphoma, MM & Metabolism)
- Molecular Imaging Program
- Pediatric Oncology Branch

4

How teams are added

- Interested team contacts our Team Lead (Chrissy Bryla)
- Details are requested from interested team
  - Number of referrals projected
  - Data on current referrals for past few months
  - Specific needs regarding such referrals
- Team Lead meets with Referral Office to discuss
- Decision reached based on staffing and needs of team
  - i.e. Creation of 4th RN position in office dedicated to POB referrals
  - i.e. creation of PCC position and addition of 3rd RN in Surgery Branch office

5

Statistics Medical Oncology Office

- Total referrals
  - 2015: 1865
  - 2016: 2011
  - 2017: 2815
  - 2018: 3214
  - 2019: 3289
- Mode of Referral September 2020
  - Email: 179/240 = 74%
  - Fax: 6/240 = 2.5%
  - Phone: 54/240 = 22%

6

Where Referrals Come From

- Outside physicians
  - contact us via email or phone
- Patients / family members/ friends
  - contact us via email or phone
- NIH Team member contact us
  - after direct contact with physician, patient or family member
- Patient Advocacy Groups: i.e. LLS, PanCAN
- "Cold Fax" –records sent with no prior communication
- International Referrals: multiple challenges

7

Screening Process for Medical Oncology

- Gather basic history information
  - Dx, prior tx, PS
  - Talk / email with referring contact and patient as needed
- Request detailed records
  - Progress notes, scan reports & images, pathology reports, labs etc
  - Clarify as needed
- Review for eligibility
- Notify Team of patient, records, status of scans
- Request pathology as needed
- Document in CCR Referral Application
- Communicate: (we do this and Teams to do this)
  - With referring physician and or patient/family regarding outcome of referral
  - With CCR Team

8

Knowledge base of Staff

- Oncology
  - Standard of Care, Common presentations, How to prioritize
- Clinical Trials
- NIH / NCI
- Computer Applications
  - CCR Referral Application, CRIS, Soft Path, NIH Radiology Drop Box,
  - Adobe, e-Fax, email, Excel, FedEx
- Interpersonal Skills
  - i.e. When patient are not eligible; anxious; desperate; angry

9

CCR Referral Application

- https://ccrreferrals.nci.nih.gov/
- Developed in July 2011
- Patient information
  - Demographics, medical records, contacts for referring MD, hospitals etc.
  - Stores notes regarding referral
- Links between Patients and Facilities
  - Ability to fax requests via templates requesting records, scans, path
  - Ability to upload records to CRIS, once an MRN is activated
- Tracking of Materials: records, scans & path

10

Challenges

- Telework (telework is fabulous but has its challenges)
  - No NIH office space
  - Packages sometimes get addressed to us incorrectly
  - We do not have opportunity to meet and interact with staff in person
  - IT issues
- Keeping up with Studies & Staff
  - Please keep us updated regarding opening, closing and cohort/arm status
  - Please identify which team you work with when emailing us
  - Please identify which patient you are referring to in an email
  - Please communicate with patients in a timely manner
  - Please check application for pt updates, requests and tracking of receipt of scans, path etc.

11

Benefits of Referral Offices

- Benefit to Patients & Family
  - A real person to talk to and explain the process
- Benefits to Referring Providers
  - A dedicated person to discuss available studies & eligibility criteria
  - Clear directions provided regarding records, scans, path
  - Feedback regarding process
  - We get repeated referrals from many offices
- Benefits to CCR Teams
  - Saves team time and resources

12

Questions?

13