A story of connections
2018 Annual Report
Increasing utilization of the Baylor Scott & White Rehabilitation “ReVital”® cancer program

“Cancer is one of the most prevalent, disabling and costly health care conditions affecting people living in the United States and other developed countries.” Studies have shown that cancer survivors have a significantly reduced health-related quality of life (HRQOL) than people who do not suffer from cancer. In addition, it is physical issues more than emotional issues that have a greater impact on the declining HRQOL. Many studies suggest that up to 90% of cancer patients will have one or more functional deficits that could be improved by rehabilitation but less than 30% of those patients actually receive rehabilitative care. Side effects of surgery, chemotherapy, radiation or other cancer treatments create many challenges that cancer patients have to overcome. Complications may include damage to the nervous system, radiation fibrosis, lymphedema, fatigue, memory loss or other conditions.

Problem identification

Functional deficits in cancer survivors are not a new phenomenon. To address this recognized need, Baylor Scott & White Institute for Rehabilitation recently began to offer the ReVital cancer rehabilitation program—a highly specialized program that targets a range of conditions experienced by cancer patients, including:

- Musculoskeletal disorders: joint pain, neck or back pain, lost range of motion, muscle spasms, cramps or achiness
- Neuromuscular disorders: spinal cord injury, nerve damage, weakness
- Post-surgical pain: post-mastectomy syndrome, post-thoracotomy syndrome
- Radiation fibrosis syndrome: dropped head syndrome, inability to open the mouth, neck muscle spasms, contracted joints
- Lymphedema
- Bowel and bladder disorders
- Difficulty speaking or swallowing fatigue
- Balance or walking difficulties

Through ReVital, cancer survivors have access to care and treatment that can optimize their health and well-being. Baylor Scott & White Medical Center – Carrollton’s Cancer Committee chose to adopt the impairment-driven cancer rehabilitation: An essential component of quality care and survivorship. ICA: A Cancer Journal for Clinicians, 15 July 2013.

Results

Through continual education of physicians and staff, there is an increased awareness of the benefits of the ReVital Cancer Rehabilitation program. The Baylor Scott & White – Carrollton outpatients rehabilitation department increased the utilization of ReVital for oncology patients by 150% over a one-year period. Multiple process improvement steps were implemented to provide cancer survivors in the service area the care and treatment to optimize their care and well-being. Baylor Scott & White – Carrollton plans to continue to expand efforts to increase utilization of the ReVital program going forward.

Action steps

Baylor Scott & White – Carrollton implemented many action steps to increase the education and utilization of the ReVital program.

- Training of rehabilitation staff (physical, occupational and speech therapy) on the ReVital program. Earned Level 1 ReVital Specialist Certifications.
- Education for the oncology specialists (medical, radiation and surgical oncologists) and their staff about the benefits of ReVital and the patient referral process.
- ReVital specialist attended Baylor Scott & White - Carrollton monthly tumor conferences to identify potential patients who would benefit from a program referral.
- Expanded the ReVital offering to all Baylor Scott & White Institute for Rehabilitation facilities across the Dallas-Fort Worth area.
- Initiated a pilot project with local Texas Oncology offices for automatic referral to the ReVital program if a patient met one or more of the following criteria:
  - High risk of falls, ages 65 years or older
  - Breast cancer patient
  - Head and neck cancer patient
- Educated inpatient nursing staff and palliative care staff on the benefits of ReVital. Both groups can recognize those patients who will benefit from ReVital and help to initiate the referral prior to discharge.

Prevention program – The link between obesity and cancer

Baylor Scott & White Medical Center – Carrollton received the Commission on Cancer (CoC) accreditation for a Community Cancer Program. This designation demonstrates a commitment to providing high quality, multidisciplinary patient-centered cancer care. As part of this commitment, Baylor Scott & White – Carrollton completes a Community Needs Assessment (CNA) every three years. The results of the Community Needs Assessment help direct the cancer program’s efforts for cancer prevention and screening with a goal of ensuring these programs address the identified needs in the community.

Community Needs Assessment – 2016

The Community Needs Assessment evaluated population demographic information and cancer rates at the state, county and local level.

Demographic information

According to the 2017 County Health Rankings, Denton County ranks third out of 243 Texas counties for health outcomes and fifth for health factors. However, there are still areas of opportunity regarding risk factors for cancer. Obesity has been linked to several cancer sites and Texas has an obesity rate (body mass index > 30) higher than the goal recommended by the Healthy People 2010 guidelines.

Incidence of cancer

The Centers for Disease Control and Prevention (CDC) has identified 13 cancers that are associated with being overweight and obesity.

- Meningioma: cancer in the tissue covering brain and spinal cord
- Adenocarcinoma of the esophagus
- Multiple myeloma: cancer of blood cells
- Kidney
- Uterus
- Ovaries
- Thyroid
- Breast (in post-menopausal women)
- Liver
- Gallbladder
- Upper stomach
- Pancreas
- Colon and rectum

In addition, the rate of new cancers for most of those sites associated with being overweight and obesity increased from 2005 - 2014 while other cancers decreased.

Prevention program

The goal of the cancer prevention program is to educate community members about the cancer risk associated with being overweight or obese. A group of 13 community members participated in a Baylor Scott & White – Carrollton sponsored Walk With a Doc™ event on Saturday, May 19, 2018. Terilyn Scott-Winful, MD, a gastroenterologist on the medical staff of Baylor Scott & White – Carrollton, spoke to the audience about the importance of a healthy diet, including fresh fruits and vegetables, fiber, and exercise. In addition, Dr. Scott-Winful emphasized the risks associated with obesity. Following the brief, informative discussion, the group participated in a two-mile walk where individuals were able to continue the conversation with Dr. Scott-Winful, one-on-one. There were frequent stops during the two-mile walk to demonstrate other exercise options that could elevate the workout experience.

Results

At the conclusion of the two-mile walk, the participants completed an event evaluation. The results showed that all 13 participants had a better understanding of the risks associated with being overweight and obese and cancer. In order to decrease their risk of cancer, the participants promised to make these changes to their current behaviors:

- Increase their exercise: 100%
- Eat a balanced diet: 100%
- Control their portions: 70%
- Reach and maintain their recommended weight: 77%

*Screening for colorectal cancer prevents new cases by finding abnormal growths in the colon and rectum before they turn into cancer.
<table>
<thead>
<tr>
<th>Organ</th>
<th>Data Type</th>
<th>Data Source</th>
<th>Performance Rate</th>
<th>Data Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>2016 Forward</td>
<td>Diagnosis Year 2016 (CoC)</td>
<td>2016*</td>
<td>2016*</td>
</tr>
<tr>
<td>BCS: Breast cancer surgery rate for women with AJCC clinical stage I or II breast cancer (CoC)</td>
<td>NA</td>
<td>0.0%</td>
<td>0.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>N/A: Image or palpation-guided needle biopsy (core or FNA) is performed for the treatment of breast cancer (Quality Improvement)</td>
<td>92.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>HT: Hormonal Therapy</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
</tr>
<tr>
<td>MASTR: Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis for women with Stage I or II hormone receptor positive breast cancer (Accountability Measure)</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>MAC: Adjunct Chemotherapy</td>
<td>NA</td>
<td>87.3%</td>
<td>91.7%</td>
<td>88.5%</td>
</tr>
<tr>
<td>Colon</td>
<td>ACT: Adjunct Chemotherapy</td>
<td>NA</td>
<td>75.3%</td>
<td>88.1%</td>
</tr>
<tr>
<td>S RLN: Surgical Resection Includes at Least 12 Lymph Nodes</td>
<td>85.0%</td>
<td>80.3%</td>
<td>88.0%</td>
<td>82.0%</td>
</tr>
<tr>
<td>Rectal</td>
<td>RECRTC: Pre-operative chemoradiation and radiation are administered for clinical AJCC T3N0, T4N0, or Stage II or III hormone receptor positive breast cancer (Quality Improvement)</td>
<td>85.0%</td>
<td>70.3%</td>
<td>50.8%</td>
</tr>
<tr>
<td>Gastric</td>
<td>GISRLN: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)</td>
<td>80.0%</td>
<td>70.3%</td>
<td>50.8%</td>
</tr>
<tr>
<td>Ovary</td>
<td>OVSEL: Salpingo-oophorectomy with omentectomy, debulking, cytoreductive surgery, or pelvic exenteration in Stage I-IIIC ovarian cancer (Surveillance Measure)</td>
<td>NA</td>
<td>59.0%</td>
<td>55.2%</td>
</tr>
<tr>
<td>Non-Small Cell Lung</td>
<td>2016 Forward</td>
<td>Diagnosis Year 2016 (CoC)</td>
<td>2016*</td>
<td>2016*</td>
</tr>
<tr>
<td>T1ORN1: At least 10 regional lymph nodes are removed and pathologically examined for AJCC Stage IVA, IB, IIA, and IIB resected NSCLC (Surveillance Measure)</td>
<td>NA</td>
<td>49.0%</td>
<td>38.7%</td>
<td>51.1%</td>
</tr>
<tr>
<td>UniSurg: Surgery is not first course of treatment for ch22, M0 cases (Quality Improvement)</td>
<td>85.0%</td>
<td>93.0%</td>
<td>94.3%</td>
<td>94.0%</td>
</tr>
<tr>
<td>LCT: Systemic chemotherapy is considered or administered within 4 months of the dye pre-operative or dye of surgery to 6 months postoperatively or surgically resected cases with pathologic lymph node positive (pN1) and (pN2) NSCLC (Quality Improvement)</td>
<td>95.0%</td>
<td>84.1%</td>
<td>90.8%</td>
<td>86.7%</td>
</tr>
<tr>
<td>Cervix</td>
<td>CBRRT: Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance Measure)</td>
<td>NA</td>
<td>72.1%</td>
<td>52.2%</td>
</tr>
<tr>
<td>CBRRT: Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (Surveillance Measure)</td>
<td>NA</td>
<td>85.6%</td>
<td>85.3%</td>
<td>82.6%</td>
</tr>
<tr>
<td>CCBRT: Chemotherapy administered to cervical cancer patients who received radiation for Stages IB2-JV (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2) (Surveillance Measure)</td>
<td>NA</td>
<td>92.5%</td>
<td>90.0%</td>
<td>92.6%</td>
</tr>
<tr>
<td>Endometrium</td>
<td>ENDLR: Endoscopic, laparoscopic, or robotic performed for all endometrial cancer (excluding seroma and lymphoma), for all stages except Stage IV (Surveillance Measure)</td>
<td>NA</td>
<td>75.1%</td>
<td>69.3%</td>
</tr>
<tr>
<td>ENDCTR: Chemotherapy and/or radiation administered to patients with Stage IIC or IV endometrial cancer (Surveillance Measure)</td>
<td>NA</td>
<td>76.5%</td>
<td>71.7%</td>
<td>77.7%</td>
</tr>
<tr>
<td>Bladder</td>
<td>BL2RLN: At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance Measure)</td>
<td>NA</td>
<td>92.9%</td>
<td>74.6%</td>
</tr>
<tr>
<td>ABLPCST: Radical or partial cystectomy; or tri-modality therapy (local tumor destruction/injection with chemotherapy and radiation) for clinical T24N2M0 patients with urothelial carcinoma of the bladder, first treatment within 90 days of diagnosis (Surveillance Measure)</td>
<td>NA</td>
<td>43.9%</td>
<td>42.4%</td>
<td>49.9%</td>
</tr>
<tr>
<td>BLCT: Neo-adjuvant or adjuvant chemotherapy recommended or administered for patients with muscle invasive cancer undergoing radical cystectomy (Surveillance Measure)</td>
<td>NA</td>
<td>60.2%</td>
<td>70.4%</td>
<td>62.2%</td>
</tr>
<tr>
<td>Kidney</td>
<td>POSLR: At least 1 regional lymph node is removed and pathologically examined for primary resected unilateral nephroblastoma (Surveillance Measure)</td>
<td>NA</td>
<td>94.4%</td>
<td>94.4%</td>
</tr>
</tbody>
</table>