

Optimization of Workup Pathways to Decrease Radiotherapy Wait Times and Improve Patient Experience: Timely Access and Patient Support (TAPS) Model of Care

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Objective:

Wait-times are challenging for radiotherapy (RT) in centers serving underserved and rural communities. Beyond the standards of referral to consult and consult to treatment, certain centers have established a "ready-to-treat" (RTT) definition to address the reality of patients requiring further investigations from consult to enable a treatment plan. In this study, a Timely Access and Patient Support (TAPS) model of care has been implemented at the Cape Breton Cancer Center to improve access to care and, ultimately, patient outcomes.

Methods:

This comparative cohort study was conducted in the CBCC, which serves communities in the Eastern Zone. In collaboration with a Radiation Oncologist (RO), the TAPS clinic is run by a Nurse Practitioner who provides patient assessment and submits requisitions to ensure the patient has support services and is RTT by the time of RO consult. All newly suspected/diagnosed adult cancer patients referred to the center with a triage priority of ≥ 2 weeks were eligible. Non-metastatic breast and prostate cancers were excluded. Data were collected from patient medical records, and descriptive statistical analysis was performed. Pre- and post-TAPS clinic comparisons was made for wait times and patients' RTT on their first consultation.

Outcomes:

During the first year of the study, the TAPS clinic assessed 389 patients, where 133 were eligible patients, resulting in 385 orders, including referrals (61%), investigations (24%), and interventions (15%). The top three types of referrals were to a social worker (31%), dietitian (19%), and cancer patient navigator (10%). Commonly ordered investigations included CT scans (25%), MRIs (29%), and PET scans (20%). Regarding wait times, the median duration from referral to TAPS visits was 5 days, compared to 14 days for pre-TAPS patients seeking consultation with a RO. Post-TAPS, the mean wait time from RO consultation to treatment initiation significantly decreased from 22 to 14 days (p -value < 0.001). Furthermore, 80% of post-TAPS patients were ready for treatment at their first RO consultation, compared to only

57% of pre-TAPS patients (p-value < 0.001), resulting in a 27% reduction in RO return appointments for a treatment management plan.

Conclusions:

The TAPS clinic implementation has shown the potential to impact the percentage of patients RTT positively. This data also sheds light on the investigations required before RTT and the potential role of physician extenders within the health care team to facilitate accelerated workup of malignancies. While TAPS study data will help to inform local cancer care program operations, it is also considered relevant to the broader RT community and professional RT societies addressing standards related to RT access.