

INTRODUCTION:

In collaboration with Epic, the ASTRO Communications Committee has begun working toward integrating radiation related patient educational material into the patient portal. The goal of our collaboration is to provide accurate and timely information as patients travel through their radiation oncology journey.

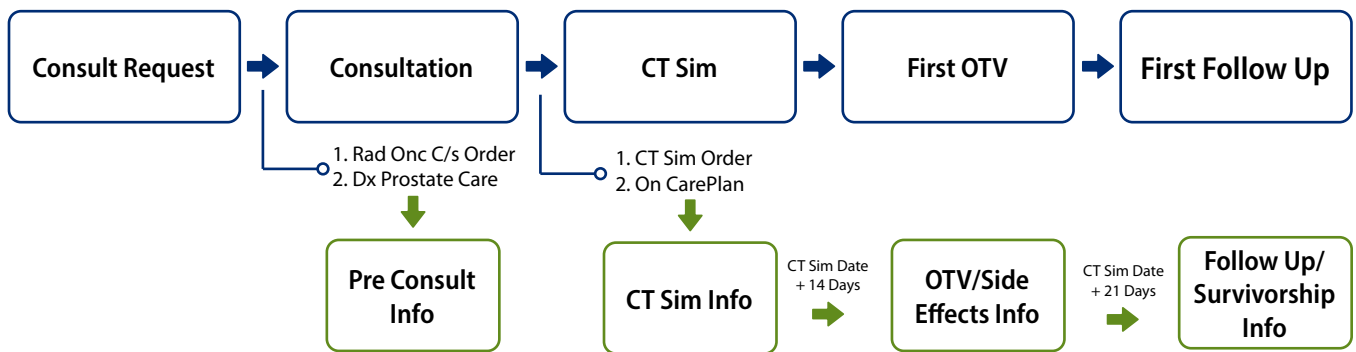
WHAT IT IS:

Care Companion is a feature within Epic’s MyChart, that allows for patients to be given educational materials over a pre-specified amount of time. Each group of educational materials is considered a care plan, which is further organized into “tasks”. These tasks are assigned to the patient at pre-defined time points over the patient’s course of treatment and patients are notified via MyChart that new tasks are available. We have adapted this feature to deliver timely radiation oncology specific content via ASTRO’s RTAnswers.org website, where written, visual and other media content is available pertaining to their place along their cancer journey.

WHO IS THIS DESIGNED FOR:

This care companion module is designed for patients being referred to radiation oncology for definitive management of intact prostate cancer. Additional updates will be provided at a later date to provide directed information to radiation oncology patients receiving other modalities (including brachytherapy) or at other times (including postoperative radiation, palliative radiation, or systemic radionuclide therapy) and other disease sites (including breast cancer).

HOW IT WORKS:



Once a patient is (1) referred to radiation oncology via an order placed in Epic, (2) has a diagnosis of prostate cancer, and (3) is not currently on the prostate cancer care plan, the person placing the order for the consult request will be prompted with a “Best Practice Advisory.” This advisory will state the patient meets criteria to be placed on the first part of the prostate cancer specific care plan and ask whether they would like the patient to be enrolled. Once the patient is enrolled, the patient will be given information prior to their consultation about radiation oncology in general as well as specific topics relating to radiation and prostate cancer. This information is not meant to replace a consultation with a physician, but will hopefully provide quality information to patients who want to learn more before meeting with their radiation oncologist.

Once the consultation is complete, if the patient elects to move forward with definitive radiation for their prostate cancer and a CT simulation is ordered, again, a “best practice advisory” will appear. This time, the person placing the order will be notified that the patient meets criteria to be placed on the second part of the prostate cancer care plan and will be asked whether the patient should be enrolled. Once the patient is enrolled, the patient will receive additional information about the CT Simulation and treatment, intended to align with the patient’s CT simulation, first on treatment visit and first follow up visit.

HOW DO I HAVE THIS INITIATED AT OUR INSTITUTION?

The radiation oncology prostate care plan is a standard part of the Epic implementation that is released quarterly, most recently in May 2024. Your institution cannot access this care companion module if they have not implemented this update. Some institutions do not necessarily update Epic each quarter when the releases are available, so please check with your Epic team to confirm.

Once your institution has the relevant update, please speak to your Epic analyst about adding the “Prostate Cancer Radiation Therapy” Care Plan (the Epic specific name is “Project 288814 Prostate Cancer Care Companion”). This will be an available package as part of a “Turbocharger” (this is a term that should be familiar to the Epic analyst). Please read the “MyChart Care Companion Care Plan Catalog” section about this Prostate Cancer Radiation Therapy care plan.

HOW CAN WE CUSTOMIZE THE CARE PLAN FOR OUR INSTITUTION – DECISION POINTS:

The Prostate Cancer Care Companion is designed to be used by users in its standard implementation but may require some adjustments to ensure it works for any particular institution’s workflow.

Initiation:

The care plan is started when the patient has four specific things:

1. A referral to radiation oncology
2. A diagnosis of prostate cancer
3. The patient is not currently on the radiation oncology prostate cancer care plan
4. The person entering the referral order adds the patient to the prostate cancer care plan

This will require education to your referring physicians, as they may be the ones entering these orders and initiating the care plan prior to the patient ever seeing a radiation oncologist. This is by design, but may capture more patients who are not receiving definitive radiation or patients with a history of prostate cancer who are being referred for another diagnosis. However, the information given to the patients prior to their consultation is generic and will hopefully help all patients who have prostate cancer.

Post Consultation:

Once patients have been seen by a radiation oncologist, they may be arranged to have a CT simulation. The second part of the care plan will be initiated once the following steps are completed:

1. An order for a CT Simulation
2. The patient is already on the initial radiation oncology prostate cancer care plan
3. The person placing the order adds the patient to the care plan

This part of the care plan will begin after the patient has been added by the person placing the order. This information will pertain to the CT simulation itself, issues arising during treatment and issues at treatment completion and follow up.

The care plan can be customized by your Epic analysts to meet the needs of your institution. The care plan was designed to be functional without any changes, but it is also understandable that many institutions have different practices so updating some of the aspects of the care plan may be ideal in fitting the care plan to your institution’s processes.

The notable aspect of the care plan that might need to be customized is the timing between the order of the CT simulation and acceptance into the second part of the care plan and the delivery of content related to the first on treatment visit and first follow up. Currently, we have tasks assigned to the patient regarding the first on treatment visit about seven days after the CT simulation order is placed. The first follow up information is assigned about 21 days after the order is placed. The tasks were assigned in this way to make sure the information arrived to the patient before they actually experienced time point, but it may be too soon for your practice, especially if the patient has an extended time between the order being placed and CT Simulation (for example, with hormone injections or hydrogel spacer placement). Please reach out to your analyst to have this parameter updated, if necessary.

CONCLUSION:

We hope the prostate cancer care plan will be a useful tool in providing timely information for your patients. Please feel free to contact us at communications@astro.org if you have any questions, concerns, comments or suggestions for improvements or future updates regarding the prostate cancer care plan!