

1) Innovative Clinical Pathways in Lung Cancer

Brigham and Women's Physicians Organization/Brigham and Women's Hospital

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WINNING
ENTRY

PROJECT DESCRIPTION

Diagnostic care for patients referred within our institution for suspicious lung lesions was variable, complicated, and inefficient. Particular demographic groups are at higher risk having a prolonged time from initial presentation to diagnosis, or being "lost to follow up" completely. We created an innovative clinical pathway to improve care for "vulnerable patients" with suspected lung cancer which employed a "clinical strategist" role to 1) ensure diagnostic interventions were most clinically appropriate, 2) improve logistical coordination, and 3) serve as resource and advocate for referred patients. The new pathway greatly simplified and improved patient experience and outcomes, reducing time to diagnosis and treatment by a factor of 5. Patients described the new system as "the most amazing experience that came out of a bad situation." We are now examining how we can expand the pathway to additional patients with suspected lung cancer, and adapt the intervention to other cancers.

OUTCOMES ACHIEVED

- Reduced average time to diagnosis from 175 days to 15 days
- Reduced average time to treatment from 194 days to 31 days
- Reduced average number of physician appointments from 6 to 2
- Reduced average number of diagnostic studies from 6 to 3
- Reduced total medical expense by an estimated \$19,000 per patient
- Trend towards earlier disease stage at time of treatment initiation

LESSONS LEARNED

- Clinical strategist role improves care for "vulnerable patients"
- Limited investment leads to significant quality gains and cost reductions
- Significant opportunity to apply similar interventions to other disease groups/conditions