

# Improving Head and Neck Cancer Outcomes Through PA Led Initiatives

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## Purpose

This project evaluates whether physician assistant (PA)-led initiatives can improve head and neck cancer outcomes at a safety-net hospital by assessing the impact of multidisciplinary coordination and patient journey mapping on:

- Timing of postoperative radiation therapy (PORT)
- Utilization of support services (nutrition, speech)
- Patient-centered outcomes, including satisfaction scores and no-show rates

## Methods

### 1. Quality Improvement (QI) Initiative

- Led by a multidisciplinary tumor board
- Tracked:
  - Pre-anesthesia evaluation completion
  - Nutrition and speech referrals for CRT patients
  - Timely initiation of postoperative radiation therapy (PORT) within 42 days
- Data reviewed bimonthly using Epic and the tumor registry

### 2. Patient Journey Mapping

- Collected feedback via surveys, interviews, and real-time observations
- Mapped patient experiences across five stages:  
Awareness → Consideration → Access → Service Delivery → Ongoing Care
- Implemented targeted interventions:
  - Enhanced provider communication (Doximity)
  - Tailored patient education materials

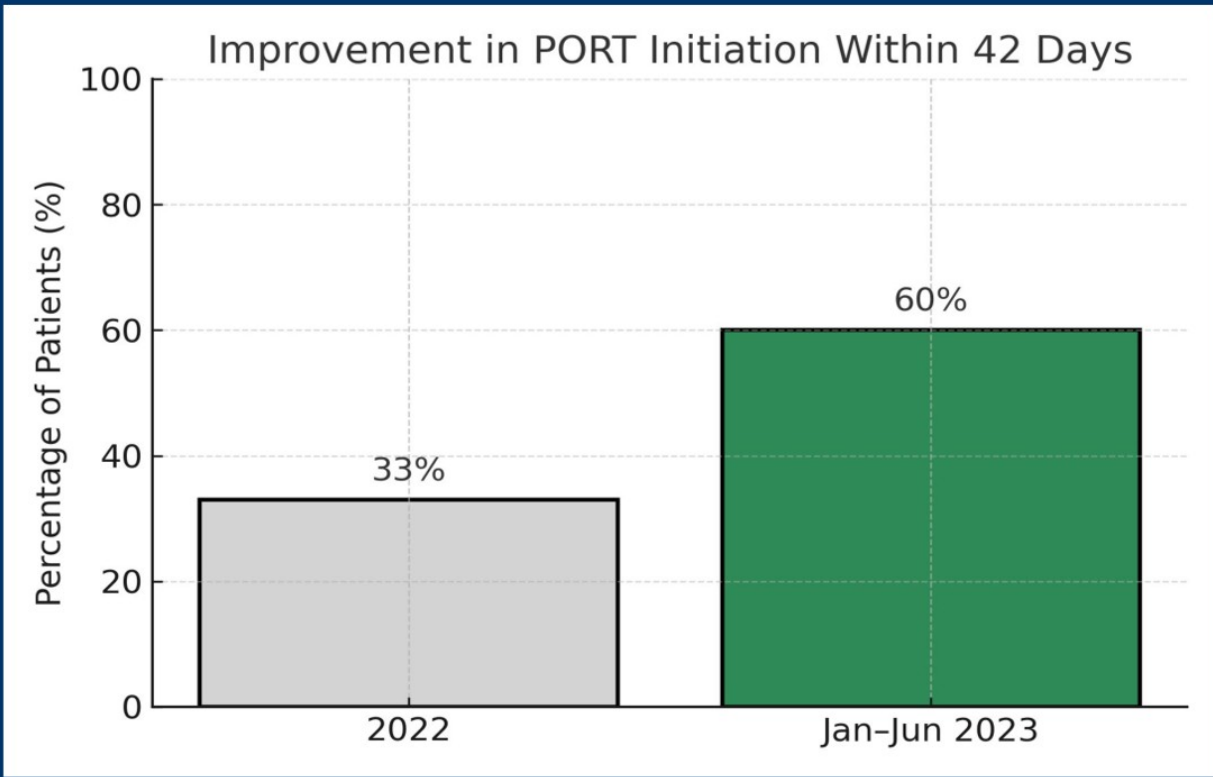


Figure 1. Timeliness of postoperative radiation therapy (PORT) improved from 33% in 2022 to 60% in early 2023 (3 of 5 patients), highlighting early gains from PA-led multidisciplinary coordination. One delay was due to planned surgical management of synchronous thyroid cancer

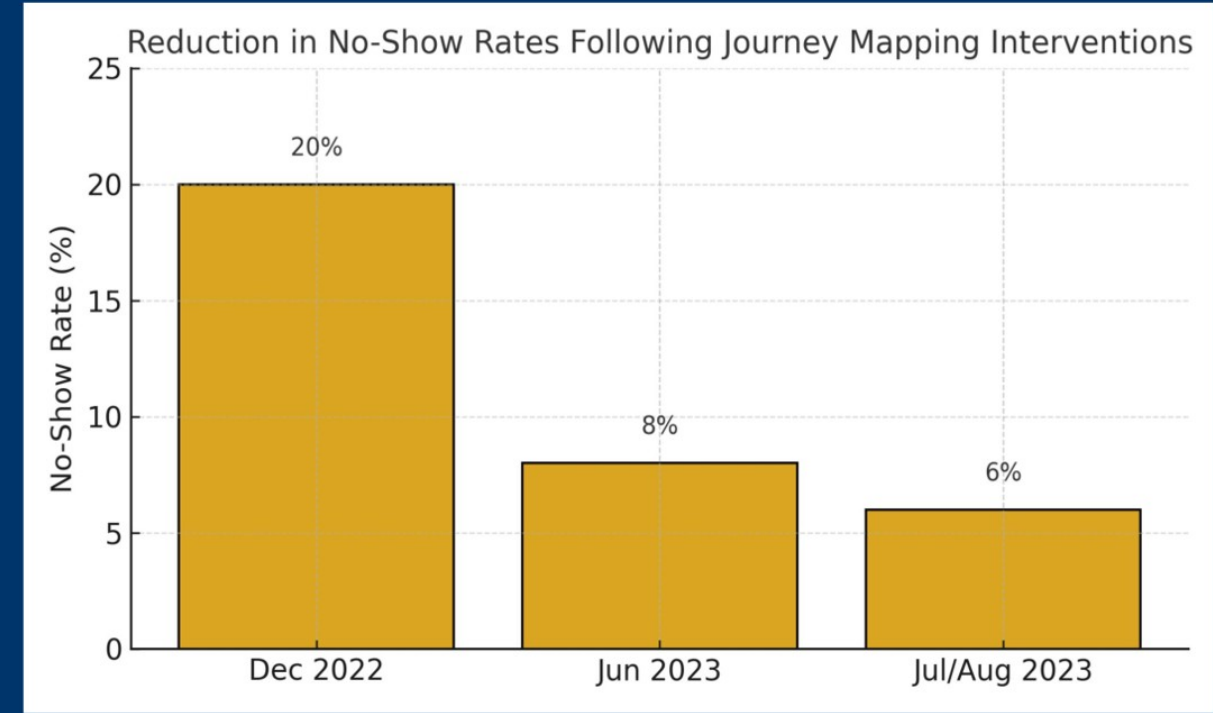


Figure 3. No-show rates declined from 20% in December 2022 to 6% by July–August 2023 following the introduction of journey mapping and enhanced patient communication. These results reflect improved streamlined coordination of care.

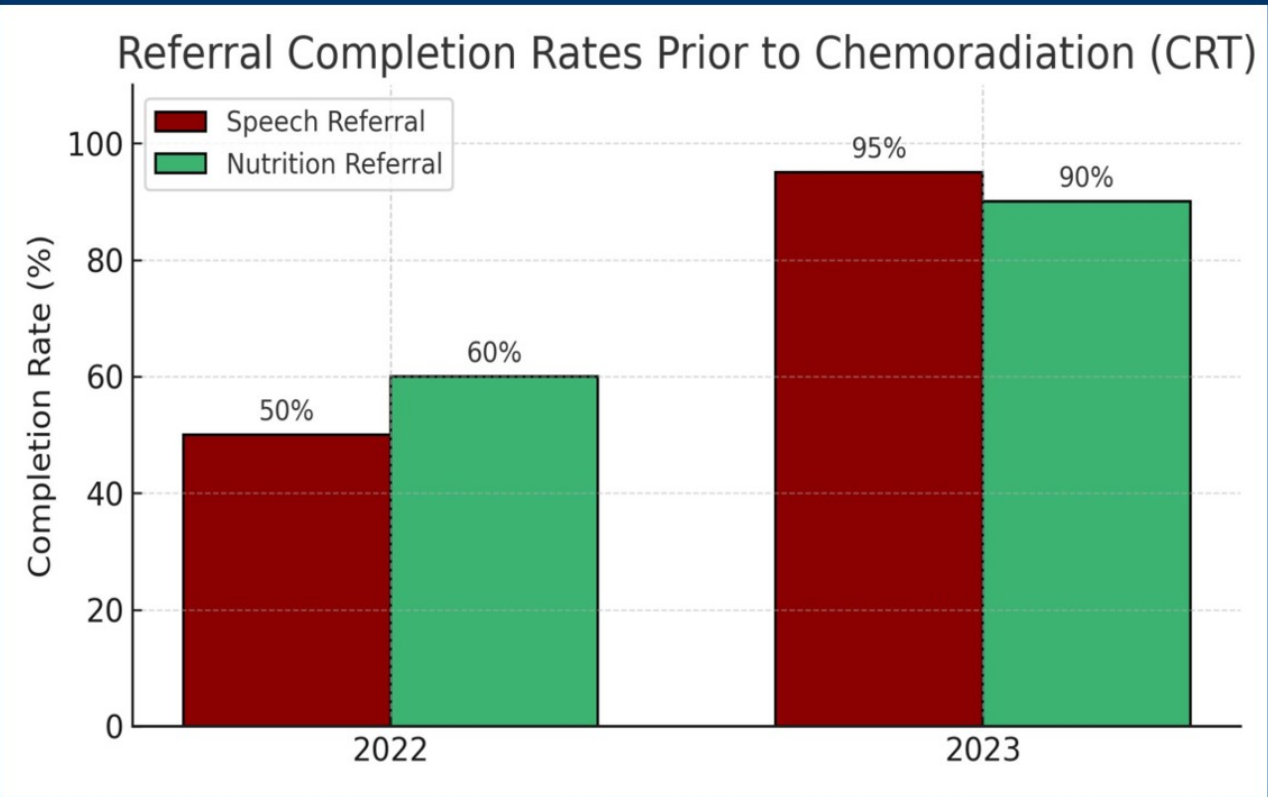


Figure 2. Referral completion rates prior to chemoradiation improved substantially following PA-led quality improvement efforts. Speech referrals increased from 50% to 95%, and nutrition referrals from 60% to 90% between 2022 and early 2023, reflecting better pre-treatment coordination.

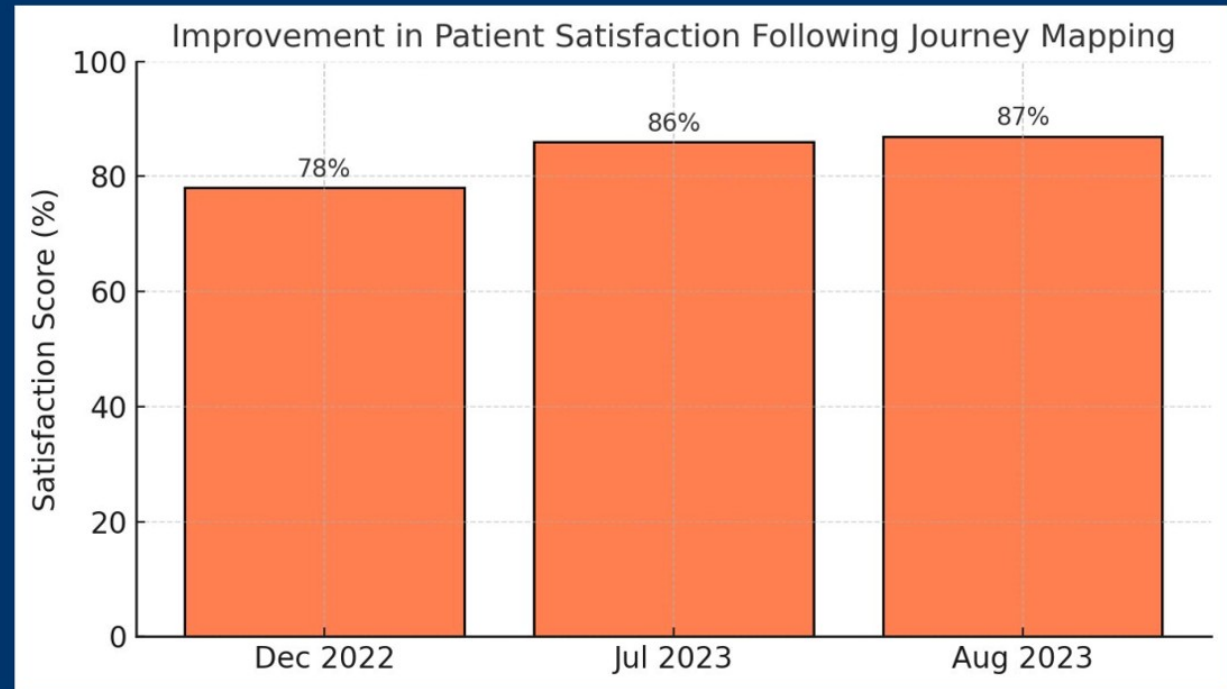


Figure 4. Patient satisfaction scores rose from 78% in December 2022 to 87% by August 2023, reflecting improvements in communication, navigation, and personalized education following PA-led journey mapping and feedback interventions.

## Conclusions and Clinical Implications

- PORT timeliness improved:** Initiation within 42 days increased from 33% to 60%, surpassing the national median of 47.4 days (95% CI, 43.4–51.4).<sup>1</sup>
- Time to treatment initiation (TTI) greater than 46 to 52 days introduced an increased risk of death—most consistently detrimental beyond 60 days.**<sup>2</sup>
- Support service utilization increased:** Speech and nutrition referral rates improved from 50–60% to 95–90%.
- No-show rates reduced:** Fell from 20% → 8% → 6% across three observed time points.
- Patient satisfaction improved:** Scores rose from 78% to 87% after PA-led journey mapping interventions.

### Journey Mapping Insights (Dec 2022 – Jul 2024)

- Pain points identified across the care continuum, including:
  - Confusion at reception
  - Limited access to real-time support for post-op questions
  - Delays in rescheduling and lack of wait-time updates
  - Discomfort during long waits due to limited seating

### What's Next

A mixed methods approach... allows for the detection of opportunities with the highest potential impact for improvement when resources are constrained<sup>3</sup>

Building on these findings, we plan to:

- **Integrate risk-stratified dashboards** across Epic and MyChart workflows
- **Evaluate long-term outcomes:** recurrence, satisfaction, equity metrics

## References

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