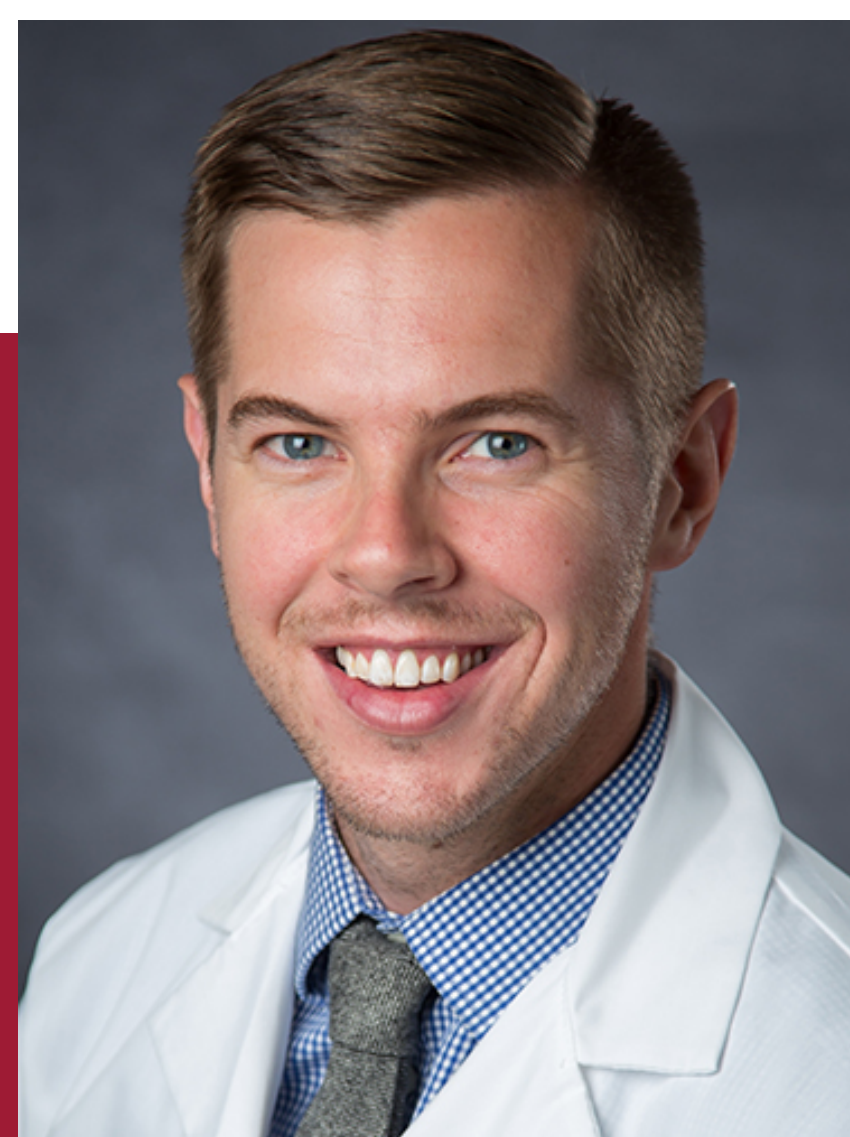


MP02-06

REFERRAL DELAY AS A CAUSE OF TREATMENT DELAY IN PATIENTS WITH MUSCLE INVASIVE BLADDER CANCER

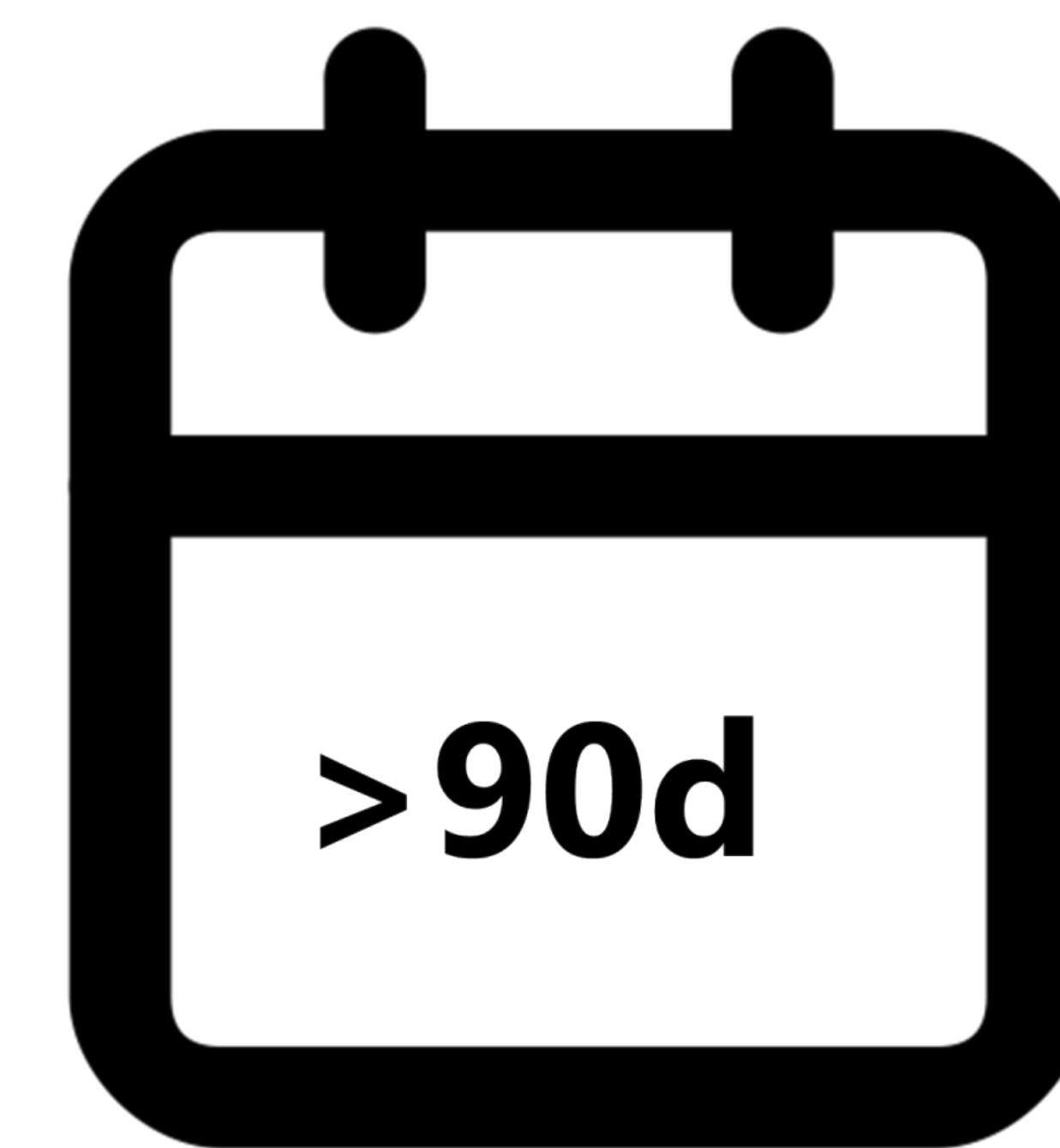
JOSHUA A. LINSOTT, MD, PHD^{1,2}, WILLIAM C. DALY, MS^{2,3}, TRACY ROBBINS, RN¹, LISA T. BEAULE, MD^{1,2}, MATTHEW H. HAYN^{1,2}, MD, MORITZ H. HANSEN^{1,2}, MD, JESSE D. SAMMON, DO^{1,2,3}, STEPHEN T. RYAN, MD^{1,2}

¹MAINE MEDICAL CENTER, DIVISION OF UROLOGY, PORTLAND, ME;; ²TUFTS UNIVERSITY SCHOOL OF MEDICINE, BOSTON, MA, ³ MAINE MEDICAL CENTER, RESEARCH INSTITUTE & CENTER FOR OUTCOMES RESEARCH AND EVALUATION, PORTLAND, ME



OVERVIEW

- Previously, we identified barriers to bladder cancer care. Our aim was for all patients to receive treatment within 90 days of diagnosis. This led to a nurse navigator program to mitigate delays.
- Herein, we perform follow-up analysis to determine the impact of nurse navigation and identify areas for further improvement and avoid delays in treatment.
- *We proposed that there are multiple possible sources of delays and focused on:*
 - *Patient related travel time*
 - *Provider related referral delays*



Referral Delay as a Cause of Treatment Delay in Patients with Muscle Invasive Bladder Cancer

Purpose:

- Previously, we identified barriers to bladder cancer care. Our aim was for all patients to receive treatment within 90 days of diagnosis. This led to a nurse navigator program to mitigate delays.
- Herein, we perform follow-up analysis to determine the impact of nurse navigation and identify areas for further improvement.
- Possible sources of delays were proposed
 - Patient related travel time
 - Provider related referral delays

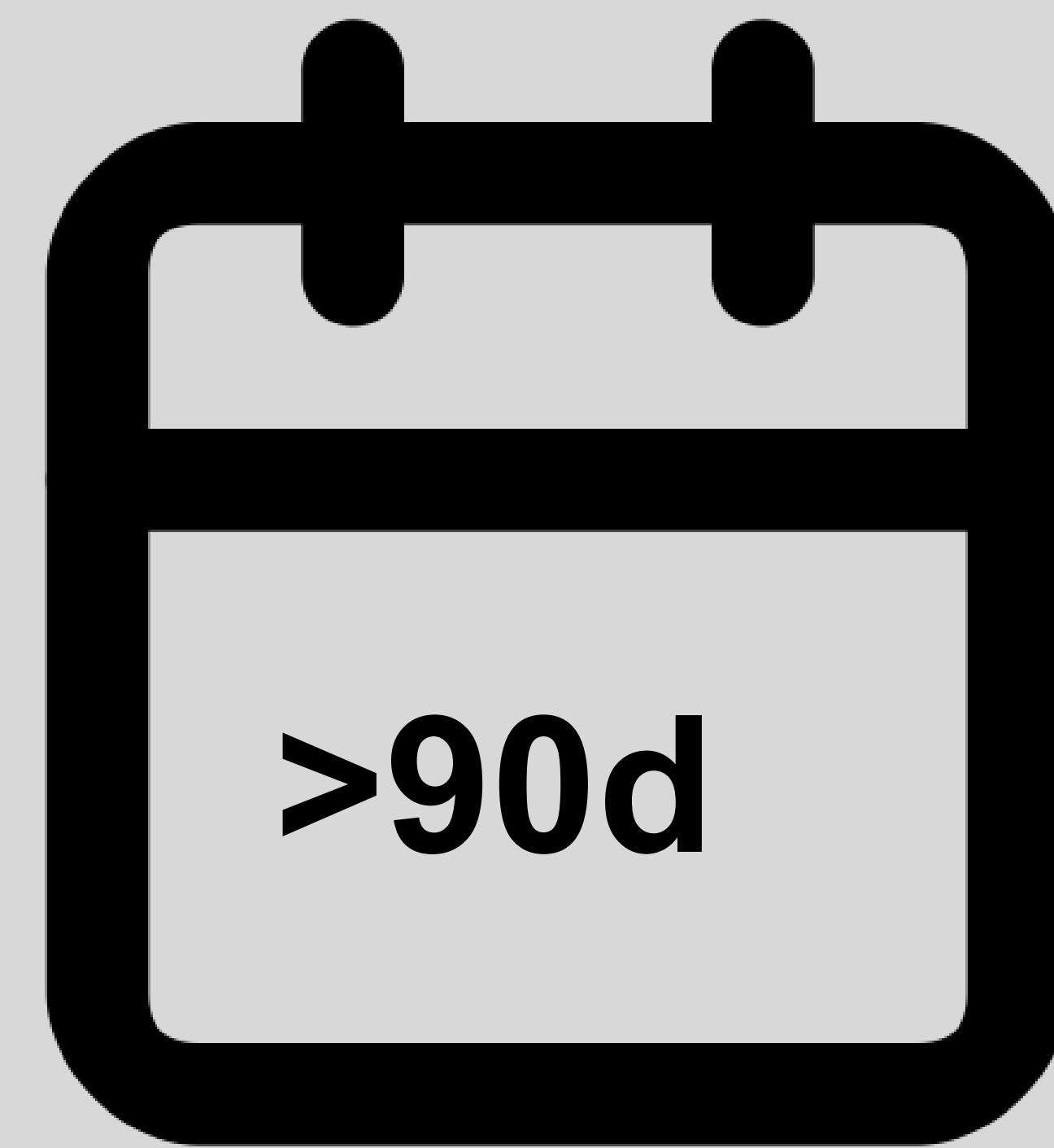
Methods:

- Patients requiring cystectomy for bladder cancer at a tertiary care facility were identified following the implementation of an independent nurse navigation program
- Dates were recorded:
 - (A) procedure prompting cystectomy
 - (B) referral to cystectomy provider
 - (C) consultation with provider
 - (D) receipt of treatment (NAC or cystectomy).
- Patients were grouped into external and internal referrals
- Nurse navigation was instituted at time of consultation (C)
- Delay was defined >90 days from procedure to treatment (A to D)
- Travel time was mapped as drive time (minutes) from patient home to facility.
- Intervening milestones to care were analyzed based on first 10 records, power analysis was estimated (n=50). Wilcoxon analysis compared patient related (travel time) and provider related factors (days to referral).

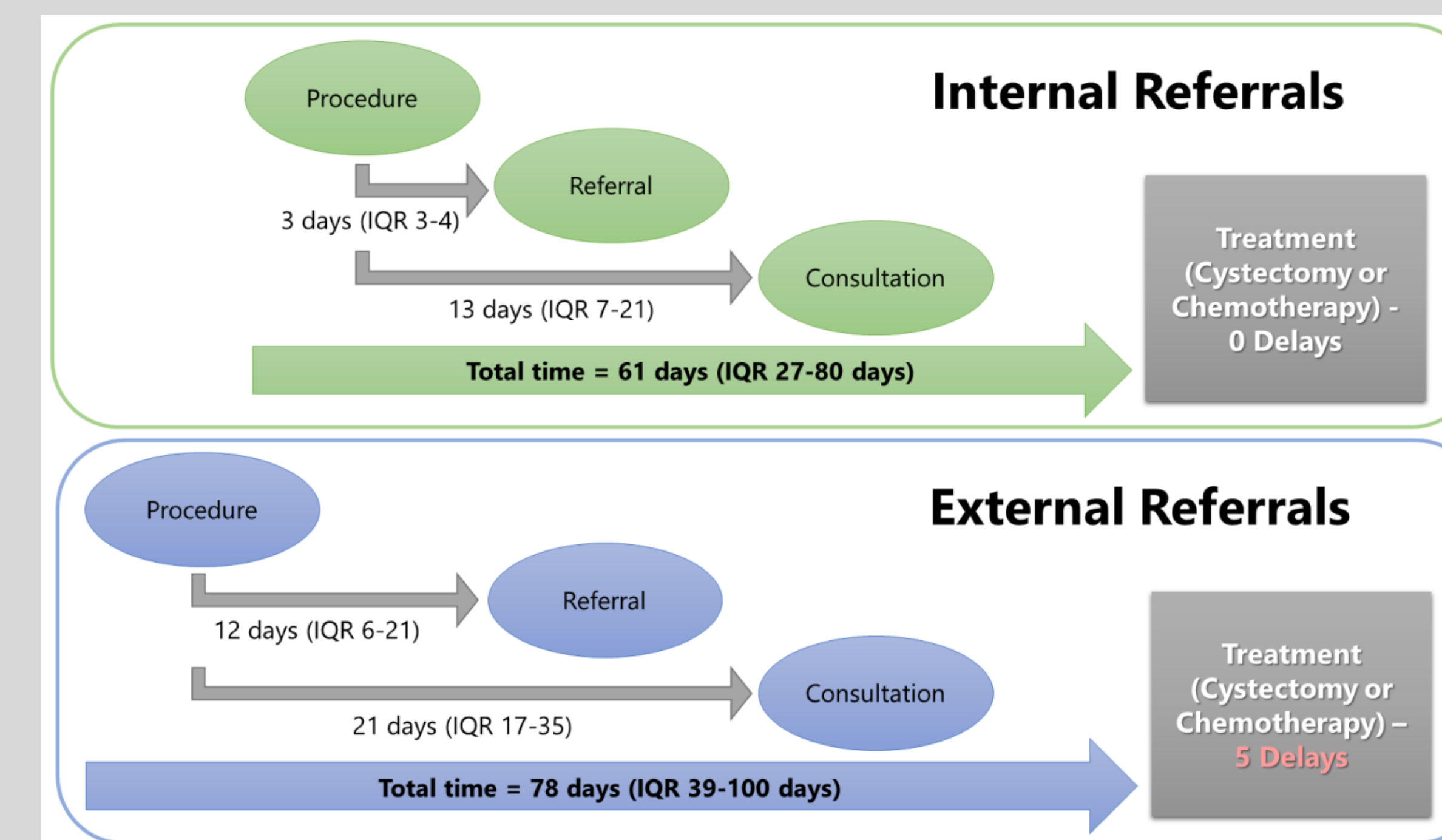
Results:

- Of the 53 patients reviewed, 18/18 (100%) internal and 30/35 (86%) external regional referrals were treated within 90 days.
- Time from procedure to consultation was longer for external referrals compared to internal referrals 21 days (IQR 17-44) vs. 13 days (IQR 7-21), p<0.001.
- Time from procedure to referral was longer in the external group (13 days, IQR 6-26) compared to the internal group (3 days, IQR 3-4).
- Patients in the upper quartiles of referral delay had shorter travel times to the treatment facility [≥ 13 days: 40 mins (IQR 31-52)] compared to those referred earlier [< 13 days: 74 mins (IQR 51-99), p<0.002].

Delays in treatment (>90d) after diagnosis of muscle invasive bladder cancer is associated with worse outcomes



External referrals had a longer time to placement, increased time to consult for treatment and 5 delays in care



Distance to treatment center was not associated with delays. Earlier statewide independent nurse navigation may reduce referral delays



- External referrals were more likely to experience delays (>90d) in muscle invasive bladder cancer treatment. These delays were more frequent in patients living closer to the treatment facility.

- We suggest independent nurse navigation earlier in care to address structural, political, and cultural causes of delays.



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jlinscott@mmc.org



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