Models for Patient-centered Cancer Care

Ed Wagner, MD, MPH
Cancer Research Network
CRN Cancer Communication Research Center

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Four Perspectives on Cancer Quality

- Expert Interviews
- Site Visits
- Focus Groups
- Literature Review
Guiding Questions

- What is known about the overall quality of cancer care, including measurement of quality?
- What are the barriers & facilitators to high quality, patient-centered care?
- What interventions have been tested &/or implemented, especially in community settings?
- What role could IT play in improving care?
Conceptual Underpinnings

- Focus was on period from “suspicion of cancer through diagnosis and plan of care”.
- Dimensions studied defined by the IOM’s Quality Chasm report: timely, safe, effective, efficient, equitable, PATIENT-CENTERED.
- We added coordinated.
- But, what does patient-centered mean?
- What do cancer patients need?
# How Patient-centered is Cancer Care: Survey findings


## Picker Institute

<table>
<thead>
<tr>
<th>Picker Institute</th>
<th>% Reporting Problems in Care</th>
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<tr>
<td>Fast access to reliable advice</td>
<td>28% received confusing information</td>
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<tr>
<td>Effective treatment delivered by trusted professionals</td>
<td>13 % Lack of confidence in providers</td>
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<td>Participation in decisions and respect for preferences</td>
<td>25% not involved in Decisions as much as desired</td>
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<td>Clear information and support for self-care</td>
<td>48% reported problems in getting health information</td>
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<td>Attention to physical and environmental needs</td>
<td>47% said treatment plans did not account for their situation</td>
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<td>Emotional support, empathy and respect</td>
<td>41% providers did not make them feel better emotionally</td>
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<tr>
<td>Involvement and support for family</td>
<td>16% felt that family was not involved enough</td>
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<td>Continuity of care and smooth transitions</td>
<td>25% reported problems in how well providers worked together</td>
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Barriers to high quality cancer care

- Major Themes
  - Patient/family information gaps and passivity
  - Delays and lack of coordination in early cancer care
  - Inadequate emotional and social support for patients and families
    - Lack of performance measurement
  - Limited use of clinical information technology
    - Unequal access to cancer care
  - Reimbursement discourages patient-centered care
Major Themes

• Patient Navigators to help patients access services, information and support
• Make psychosocial assessment and support routine
• EMRs to help plan treatment, prevent errors and coordinate care
• Standardize performance assessment including patient experience
• Support patient role in shared decision-making
• Reimbursement that incentivizes patient-centered care

What would it take to improve care?

Major Findings Across the 4 Approaches to Data Collection

• Clarify accountability for early cancer care
To improve care & reduce costs, the goal must be to **transform** cancer care delivery

- Cancer patients and their families appear to want and need the same things as do patients with other chronic conditions:
  - Drug therapy and medication management that get them safely to therapeutic goals.
  - Effective self-management support so that they can manage their illness competently.
  - Preventive interventions at recommended times.
  - Evidence-based monitoring and self-monitoring to detect exacerbations and complications early.
  - Timely, well-coordinated services from medical specialists and other community resources.

- Are the system-level changes recommended in the **Chronic Care Model** relevant to improving cancer outcomes?
Could the Chronic Care Model be adapted for cancer care?

**Chronic Care Model**

- Community
  - Resources & Policies
  - Self-Management Support

- Health System
  - Health Care Organization
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems

- Improved Outcomes
- Informed, Activated Patient
- Productive Interactions
- Prepared, Proactive Practice Team

**Key Points**

- Informed, Activated Patient
- Productive Interactions
- Prepared, Proactive Practice Team
- Improved Outcomes
Where the chronic care model doesn’t fit Cancer Care very well

- Cancer care, especially early, involves multiple providers, with a limited role for the patient’s primary care provider.
- Accountability is shared, and therefore uncertain.
- Cancer care, especially early, is stochastic, making longer-term planned care difficult.
- Psychosocial distress is so prevalent that emotional support as well as self-management support must be routinely available.
Toward a Cancer Care Model

- An organization or coalition of providers that can clarify accountability and deliver timely and *coordinated care*

- Shared data and performance measurement

- Care systems that routinely meet patient needs for information, decision-making help, and psychosocial support

- Electronic records and payment that facilitates more patient-centered care
Model of High Quality Cancer Care

- Health System
  - Collaborating Health Care Organizations
  - Decision Support
    &
  - Multidisciplinary Care Planning
  - Clinical Information Systems & Performance Measurement

- Community
  - Resources & Policies
  - Psychosocial & Self-Management Support

- Informed, Activated Patients and Families

- Collaborative Care Plan & Linked Interactions

- Improved Outcomes

- Accountable Practice Team
  &/or
  Care Manager/Navigator

- Phase of Care
  - Diagnosis
  - Surgery
  - Adjuvant Rx
  - Survivorship
  - Palliation
Nurse Navigator Study Overview

- 5-year clinical trial
- Newly diagnosed patients with breast, colorectal, or lung cancer expected to live at least 12 months
- Randomized primary care physicians
- Outcomes—QOL, symptoms, patient reported quality
- Began patient enrollment in July 2009
- Comparing 2 interventions:
  - Oncology Nurse Care Management (ONCM)
    - “Nurse navigators”
  - Enhanced Usual Care (EUC)
    - Receive packet of education materials and treatment resources
Nurse Navigators

- GHC Cancer-related Nurses
- Nurses trained to provide information, identify and manage psycho-social distress, and help coordinate care.
- Nurses review case loads with clinical psychologist, oncologist, and Ruth McCorkle.
- Nurses meet with patients soon (1-2 weeks) after their cancer diagnosis and follow them weekly for 4 months.
IOM Model for the Delivery of Psychosocial Services

- Patient/Provider Partnership
- Identification of Psychosocial Needs
- Development and Implementation of a Plan That:
  - Supports patients by:
    - Providing personalized information
    - Identifying strategies to address needs
    - Providing emotional support
    - Helping patients manage their illness and health
  - Coordinates psychosocial and biomedical care
- Follow-up and Re-evaluation
Conclusion to Date

- Current cancer care is marked by insufficient attention to patient needs and preferences and too high a risk of injury from failures in communication and care coordination.

- The absence of widespread quality measurement contributes to a relative dearth of quality improvement activities.

- Cancer patients need a clinical home that takes responsibility and is accountable for the quality of their care through all the hand-offs.

- The addition of patient navigators/case managers and better information technology should help, but major improvements will require coherent systems of cancer care.