Review of Related IOM Reports

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Patient Centered Treatment Planning: Improving the Quality of Oncology Care (2011)
<table>
<thead>
<tr>
<th>Treatment Plan</th>
<th>Providing every patient (and their family as well as other treating physicians) with a written document that describes the path of cancer care in order to inform everybody involved about the path of care and who is responsible for each portion of that care.</th>
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<tbody>
<tr>
<td>Shared Decision Making</td>
<td>Engaging patients and their families in meaningful and thorough interactions with their healthcare providers to develop an accurate, well-conceived treatment plan, using all available medical information appropriately while also considering the medical, social and cultural needs and desires of the patient and family.</td>
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<td>Coordination</td>
<td>Coordinating cancer care and developing a treatment plan within the complex network of multiple specialists.</td>
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<td>Model Programs</td>
<td>Studying various model programs for patient coaching, centers for shared decision making, enhanced discharge planning, and self-help support groups in order to determine methods to make cancer treatment planning more patient-centered.</td>
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<td>Primary Care Physicians</td>
<td>Increasing the involvement of the primary care physician in the cancer care setting because of their supplemental knowledge of the patient and family.</td>
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<td>Reimbursement</td>
<td>Compensating providers for the time it takes to develop, discuss, and document a treatment plan.</td>
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One workshop participant noted:

“Pilots don’t take off without a flight pattern, and architects don’t break ground without a blueprint. Patients diagnosed with cancer are taking the journey of their life, literally, so the role of the cancer treatment plan in starting a conversation, in promoting comprehension and retention, in managing expectations and anxiety, and providing continuity across settings and episodes is so important.”
Psychosocial Problems and Health

The burden of illnesses and disabilities in the United States and the world is closely related to social, psychological, and behavioral aspects of the way of life of the population. (IOM, 1982:49–50)

Health and disease are determined by dynamic interactions among biological, psychological, behavioral, and social factors. (IOM, 2001:16)

Because health . . . is a function of psychological and social variables, many events or interventions traditionally considered irrelevant actually are quite important for the health status of individuals and populations. (IOM, 2001:27)
Recommendations for Action...

Recommendation 1: The standard of care. All parties establishing or using standards for the quality of cancer care should adopt the following as a standard:

All cancer care should ensure the provision of appropriate psychosocial health services by facilitating effective communication between patients and care providers; identifying each patient’s psychosocial health needs;
Recommendations for Action

Designing and implementing a plan that:

Links the patient with needed psychosocial services, coordinates biomedical and psychosocial care, engages and supports patients in managing their illness and health; and systematically following up on, reevaluating, and adjusting plans.
Other Recommendations

• Establish an NCI maintained directory of psychosocial services
• Enable patients to participate actively in their care by providing tools and training in how to obtain information, make decisions, solve problems, and communicate more effectively with their health care providers.
• NCI, AHRQ, CMS should conduct a demonstration project of psychosocial care
• Support from payers
• Development of quality measures of psychosocial care
• Work force training and development
• Develop standard nomenclature for psychosocial health services
Improving Palliative Care for Cancer (2001) and Approaching Death: Improving Care at End of Life (1997)
NCI-designated cancer centers should play a central role as agents of national policy in advancing palliative care research and clinical practice, with initiatives that address many of the barriers identified in this report.

IOM, 2001
Recommendation 1

NCI should designate certain cancer centers, as well as some community cancer centers, as centers of excellence in symptom control and palliative care for both adults and children. The centers will deliver the best available care, as well as carrying out research, training, and treatment aimed at developing portable model programs that can be adopted by other cancer centers and hospitals.
Recommendation 2

NCI should add the requirement of research in palliative care and symptom control for recognition as a “Comprehensive Cancer Center.”
Recommendation 3

The Health Care Financing Administration (HCFA) should fund demonstration projects for service delivery and reimbursement that integrate palliative care and potentially life-prolonging treatments throughout the course of disease.
Recommendation 4

Private insurers should provide adequate compensation for end-of-life care. The special circumstances of dying children—particularly the need for extended communication with children and parents, as well as health care team conferences—should be taken into account in setting reimbursement levels and in actually paying claims for these services when providers bill for them.
Recommendation 5

Organizations that provide information about cancer treatment (NCI, the American Cancer Society, and other patient-oriented organizations [e.g., disease-specific groups], health insurers and pharmaceutical companies) should revise their inventories of patient-oriented material, as appropriate, to provide comprehensive, accurate information about palliative care throughout the course of disease.