

DEVELOPING A MULTIDISCIPLINARY AND MULTISPECIALTY WORKFORCE FOR PATIENTS WITH CANCER, FROM DIAGNOSIS TO SURVIVORSHIP

SESSION 6: CONCLUDING DISCUSSION AND NEXT STEPS

Session Moderators:

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Panelists

Session 1 Moderators: Gwen Darien and Larissa Nekhlyudov

Session 2 Moderators: Smita Bhatia (participating virtually) and Lawrence Shulman

Session 3 Moderators: Randy Jones (participating virtually) and Larissa Nekhlyudov


Session 4 Moderators: Randall Oyer and Susan Schneider

Session 5 Moderators: Robert Carlson and Robin Yabroff

SESSION 1

OVERVIEW OF THE CANCER CARE CONTINUUM AND NEED FOR MULTIDISCIPLINARY AND MULTISPECIALTY CARE

KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

- Survivor perspectives included both positive and negative experiences pertaining to communication, care coordination, primary/specialty care involvement and expertise, and need for self-advocacy in a broken health care system.
- Growing and aging cancer survivor population, many with long-term complex needs, long-term and late effects, with workforce that is not adequately growing to meet demands
- Lots of specialists involved in caring for patients living with and beyond cancer, with insufficient numbers all around
- Teams, team-based care, teaming – use of words may not actually be specific to what is being done!
- “Excitement” about new cancer treatments but not innovations in health care delivery of supportive care.
- Innovation  impact!

SESSION 1

OVERVIEW OF THE CANCER CARE CONTINUUM AND NEED FOR MULTIDISCIPLINARY AND MULTISPECIALTY CARE

POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- Need to focus on workforce education and training
- Develop partnerships (with professional, community and other organizations)
- Learn from the past (look back at historical milestones, successes, failures) in order to help guide current and future interventions
- Make supportive care innovations exciting (and standing room presentations at ASCO) 😊
- Branding messages for us to consider in driving message forward
 - Innovation for impact!
 - We can do things differently or do a different thing
 - WE NEED REVOLUTION, NOT EVOLUTION!

SESSION 2

REAL WORLD EXAMPLES OF PROVIDING MULTIDISCIPLINARY, MULTISPECIALTY EXPERT CARE FOR PATIENTS LIVING WITH AND BEYOND CANCER

KEY ISSUES IDENTIFIED BY SESSION SPEAKERS

- Cancer care evolving with increased implications for survivorship/follow-up care
- Increasing complexity of short and long-term effects for cancer patients
- Shortage of all providers – oncologists, psychosocial, nutritionists, PCPs, etc
- Shortage of all providers getting worse
- Provider workflow and demands inhibit addressing of survivorship issues
- Risk/needs based assessments needed – in EVERY specialty
- Guidelines for referral to “super specialists” needed
- Toxicities often diagnosed late in the pt journey, limiting mitigation options
- Integrating specialist care into treatment decisions, and management during treatment, as well as during follow-up care is critical
- System-wide collaborative model across specialists challenging and lack of it can inhibit optimal care
- Severe disparities of care exist, based on SDOH, geography, etc – lack of access to quality care and social priorities

SESSION 2

REAL WORLD EXAMPLES OF PROVIDING MULTIDISCIPLINARY, MULTISPECIALTY EXPERT CARE FOR PATIENTS LIVING WITH AND BEYOND CANCER

POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- We still have so much to learn about short and long-term toxicities, particularly with new therapies – need better data going forward, including long-term follow up.
- Need better data during pt journey to identify needs, trigger interventions
- Develop a coordinated, collaborative approach to assessing survivors and their needs, and appropriate interventions – cannot isolate by specific specialty
- Optimize provider efficiency – across oncologist and all specialists, and PCPs. Currently system very inefficient taking away time from direct pt care
- Optimize embedded care model, collaborative care model, and consultative model as appropriate
- Measure pt outcomes for both survival and quality of life
- Structured and “living” guidelines to manage pts with different toxicities – but how to avoid guideline overload
- Educational efforts needed for specialty groups, PCPs, oncology providers

SESSION 3

EDUCATION AND TRAINING OPPORTUNITIES

KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

- Teams, team-based care, teaming – use of words may not actually be specific to what is being done!
- Palliative care has reached Level 3.0 (Accessibility) – 40 years after being “introduced”
 - Where is survivorship/supportive care? (1- awareness? 2 – availability?).... depends where and for whom?
- Models for education, training in primary care, geriatric oncology, psycho-oncology but with existing barriers in funding, uptake, dissemination...
- Disparities persistent – racial, geographic, SDOH, mental health
- Nobody is immune to the health system/clinician communication failures (even an MD survivor in an academic medical center)
- Progress happening but slow...

SESSION 3

EDUCATION AND TRAINING OPPORTUNITIES

POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- Development and funding of educational and training programs, including focus on interprofessional, team-based care and competencies
- Identify and target policy/interventions to address health equity issues
- Legislative wins can drive the change that we need – i.e. Palliative care hospice evaluation and training act to support and strengthen training and education opportunities for individuals working in palliative and hospice care. We must all engage in advocacy efforts.
- Individuals can be the spark to drive change, but partnerships (with professional and community organizations) are needed to sustain and disseminate efforts
- We must address the mental health crisis!

SESSION 4

HEALTH SYSTEM OPPORTUNITIES

KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

Current State-Challenges in Implementing and Sustaining High Quality Survivorship Care

1. The fee for service reimbursement system is unbalanced and, as it currently exists, does not favor the complex care coordination required for survivorship & wellness.
2. Most health systems are not currently structured to provide team-based care across disciplines, locations and entities, nor externally with other organizations or providers.
3. Most health systems do not have well-tested financial models that can estimate resources needed, opportunity costs, net revenue considerations and contribution margin.
4. Health systems frequently lack real time structured EHR-based data.
5. Patients and caregivers are not fully informed, educated and empowered for their roles in survivorship, wellness and recovery.
6. Geography/rurality impacts access to care.
7. We need to engage and elevate survivors and communities to help develop care solutions.
8. Cancer Care is different. Models developed for cancer survivorship care can be translated to other types of care.
9. “If you can make it in cancer care, you can make it anywhere”

POLICY OPPORTUNITIES TO ADVANCE PROGRESS

Suggestions for how to reach our ideal state of high-quality survivorship care for all

- Make a commitment at the highest levels to do this work!
- Incorporate patient perspective
- Survivorship belongs in the cancer center, but it doesn't belong in oncology
- Develop, test, and disseminate business and accounting models that demonstrate effective and sustainable financial structures to support survivorship, wellness, and recovery care
- Leverage existing EHR: Providers must enter structured data directly into clinic notes to make the right data available at the right time to drive risk stratified clinical decision support at points of care
- Change EHR data collection requirements to prioritize and pay for structured documentation of key clinical elements in a standard and reproducible format shared across all care providers and all organizations
- Advanced digital tools and EHRs must be able to accurately identify cancer survivors with an actionable tracking system for virtual navigation that risk stratifies to involve multiple disciplines, providing evidence-based decision supported care plans that include proactive check lists and automated ordering capability at points of care for all providers for all survivors

SESSION 4

HEALTH SYSTEM OPPORTUNITIES

POLICY OPPORTUNITIES TO ADVANCE PROGRESS

CONTINUED

Suggestions for how to reach our ideal state of high-quality survivorship care for all

- Use quality of life assessment to drive priorities
- Place oncologist-trained survivorship care physicians within the oncology team to provide survivorship, wellness and surveillance care utilizing a proactive check list
- Incorporate cancer survivorship and wellness recovery in curricula of oncologists, primary care physicians, APPs, and nurses
- Train and enable efficient high-functioning multidisciplinary teams focused on survivorship, wellness and recovery with role definition, precise & timely communication, and measurable goal setting
- Develop trusting community relationships that layer in existing support services and create functional pathways for referrals to multiple specialties and community-based services
- Activate patients using culturally tailored education, training, ePRO's, and navigators

SESSION 5

OVERCOMING OBSTACLES TO COMPREHENSIVE MULTIDISCIPLINARY, MULTISPECIALTY EXPERT CARE: POLICY, PAYMENT, AND ADVOCACY OPPORTUNITIES

KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

- Higher per capita spending on cancer and worse cancer mortality rates in US than many other high-income countries
- Multiple adverse effects of disease and treatment requiring care
- Longstanding disparities in cancer survival and mortality, reflecting problems with accessing high quality cancer care
- Lack of health insurance coverage/inability to afford insurance premiums
- Income loss for working cancer survivors without paid sick leave; potential loss of access to employer-sponsored health insurance coverage
- Cancer survivors more likely to experience financial hardship than people without a cancer history, even many years following cancer diagnosis
 - High out-of-pocket bills, medical debt, stress/worry, delay or forgo care because of cost
 - Food insecurity, housing instability, transportation barriers to care
- Care unaffordability, even for people with health insurance coverage
- Some services not covered (eg dentistry)
- Provider training and expertise

SESSION 5

OVERCOMING OBSTACLES TO COMPREHENSIVE MULTIDISCIPLINARY, MULTISPECIALTY EXPERT CARE: POLICY, PAYMENT, AND ADVOCACY OPPORTUNITIES

POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- Expansion of Medicaid income eligibility and implementation to remaining 10 states
- Person-centered policies
- Reduce administrative barriers to Medicaid coverage
- Provider network adequacy, including Medicare Advantage
- Permanent Marketplace subsidies and affordable coverage options outside of employment
- Annual out-of-pocket caps
- Smooth deductibles throughout the year to eliminate spikes
- Survivorship care standards, accreditation, including NCI comprehensive cancer status
- Specialist for coordinating cross-disciplinary care (e.g., thriv-ist)
- Value-based payment models, including Enhancing Oncology Care
- Reimbursement for team care, including critical services (e.g., navigation, dental care)
- Institutional leadership and culture to champion team-based care
- Clinical trial data collection related to economics and survivorship priorities and research to evaluate policies