Models for Patient-centered Cancer Care

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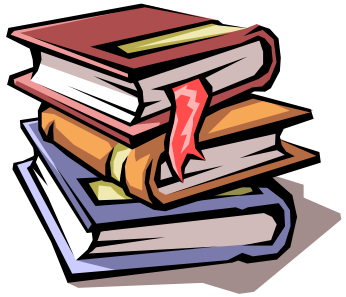
Four Perspectives on Cancer Quality

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

Ayanian et al. *J Clin Oncol.* 2005 Sep 20 2005;23(27):6576-6586

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

Major Findings Across the 4 Approaches to Data Collection

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 Findings Across the 4 Approaches to Data Collection

What would it take to improve care?

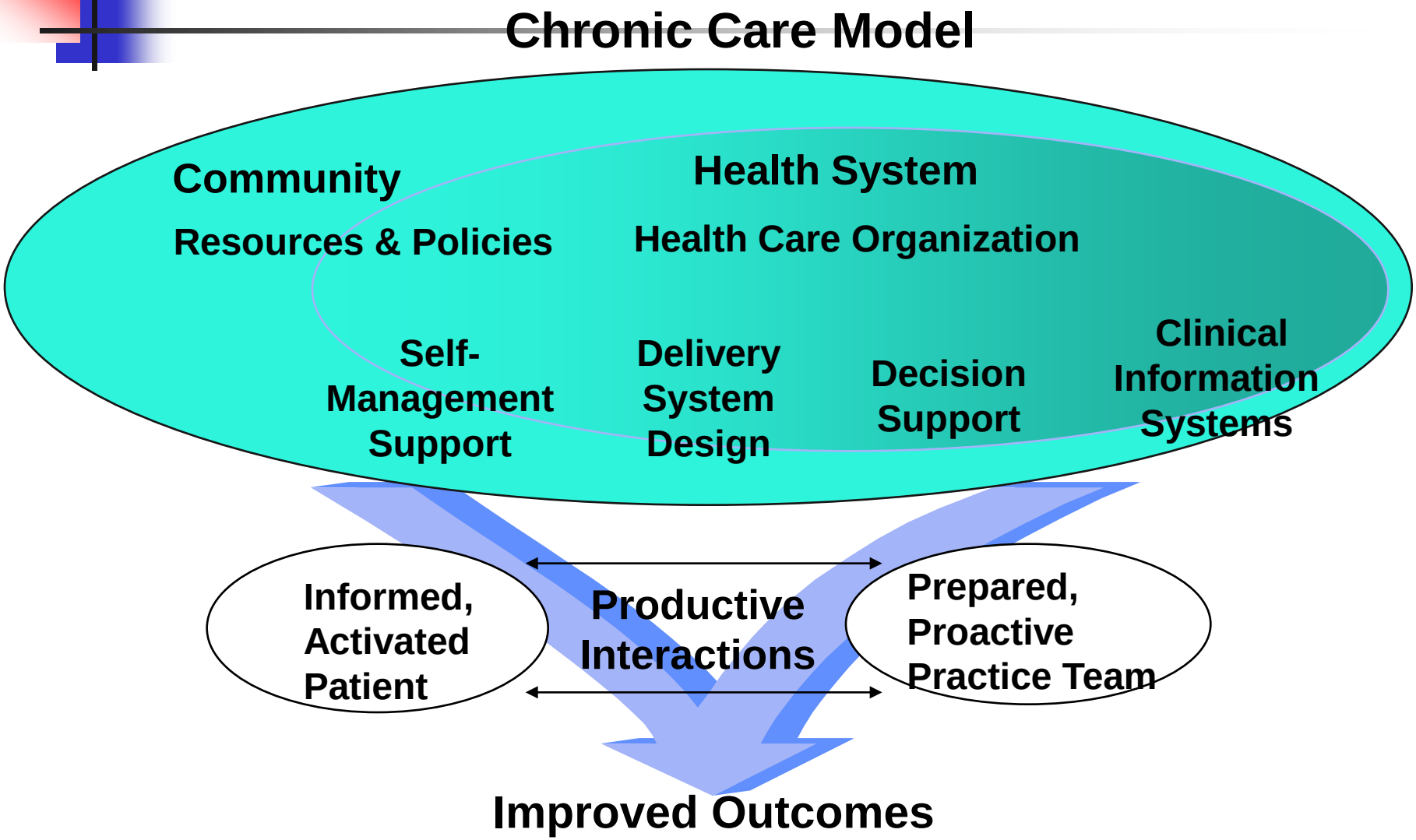
Major Themes

- Clarify accountability for early cancer care
- 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

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?



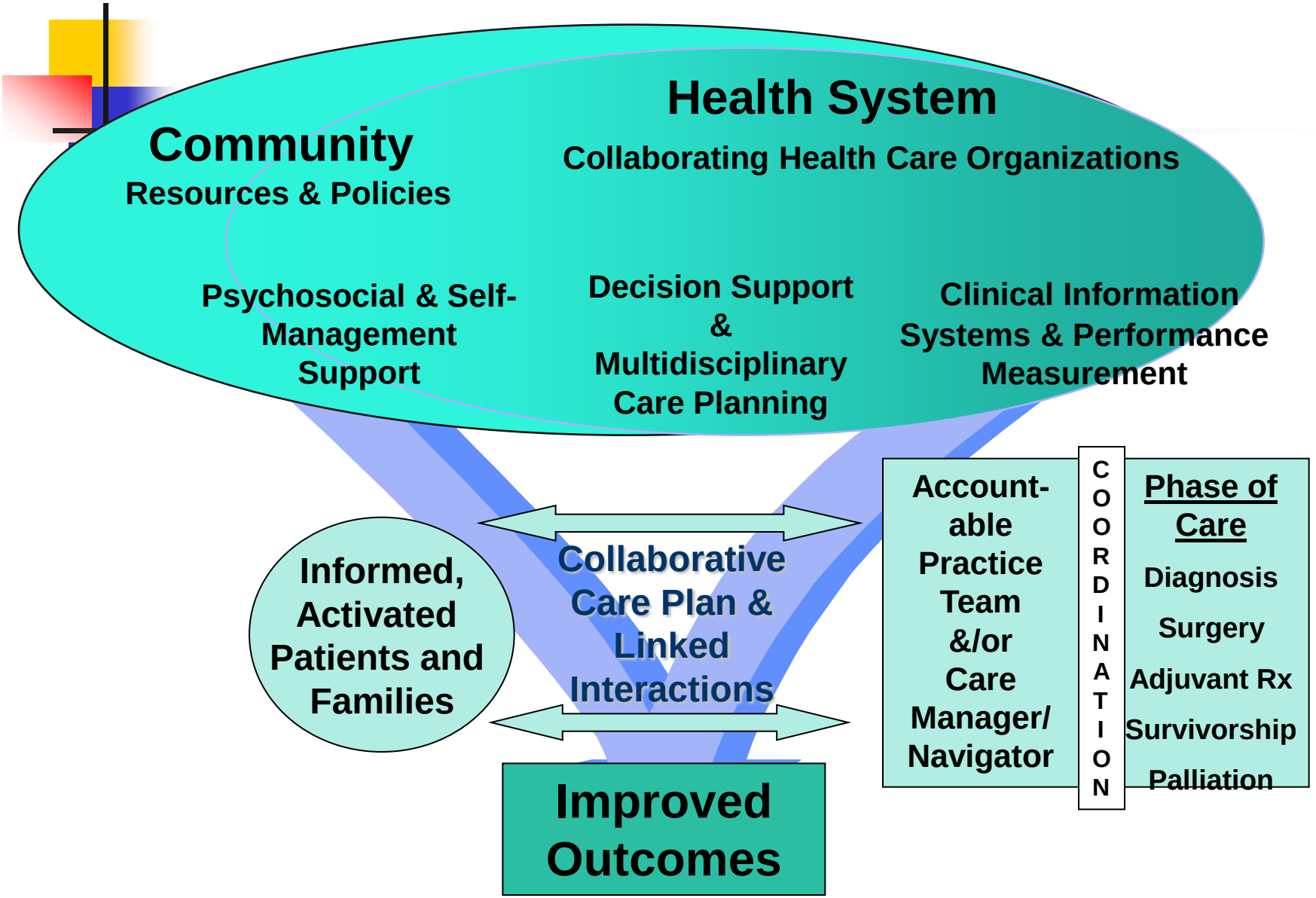
Where the chronic care model doesn't fit Cancer Care very well

- 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



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"

&

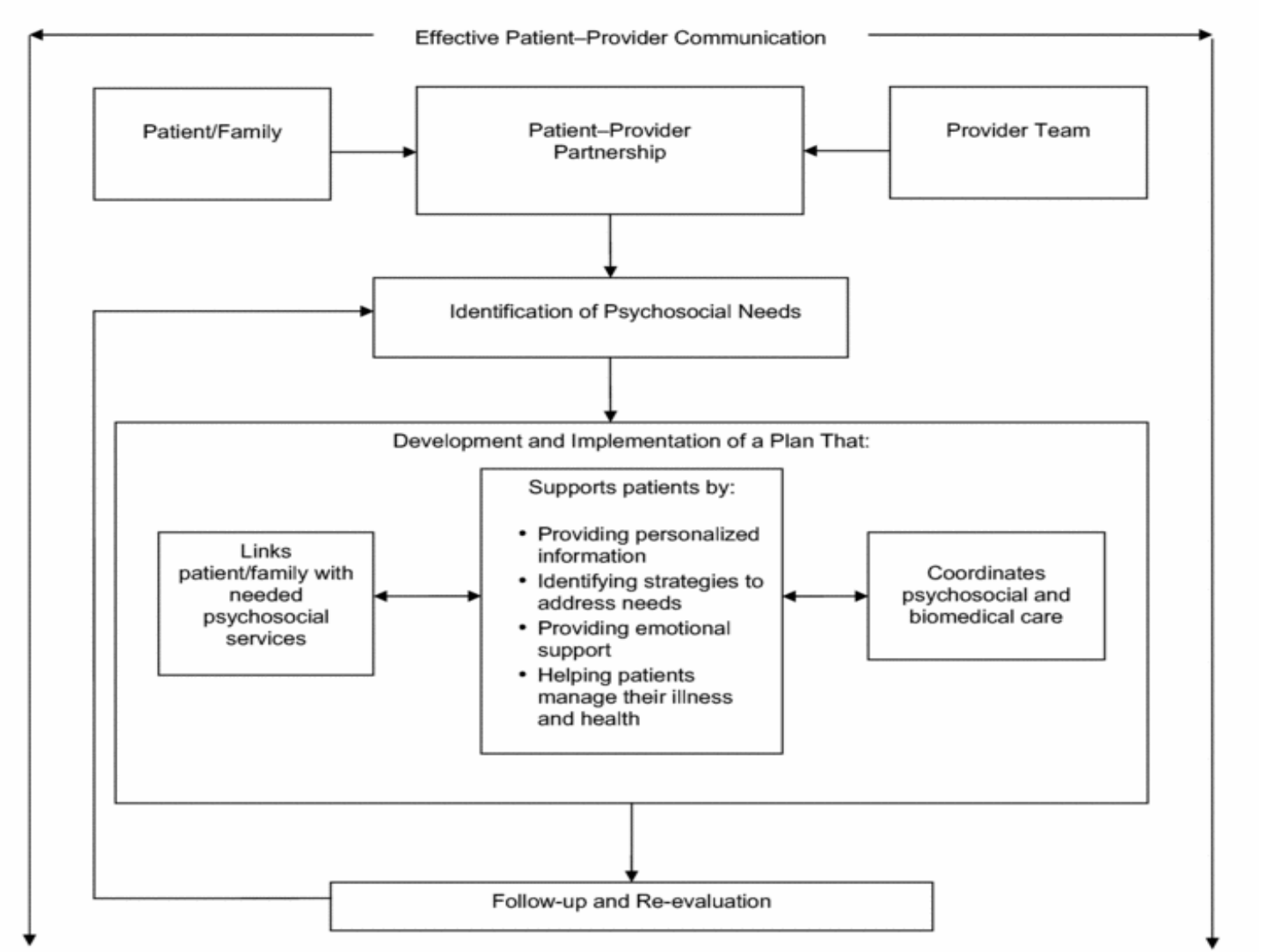
Enhanced Usual Care (EUC)

- 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



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.