Strategies for Improving Cancer Care Coordination

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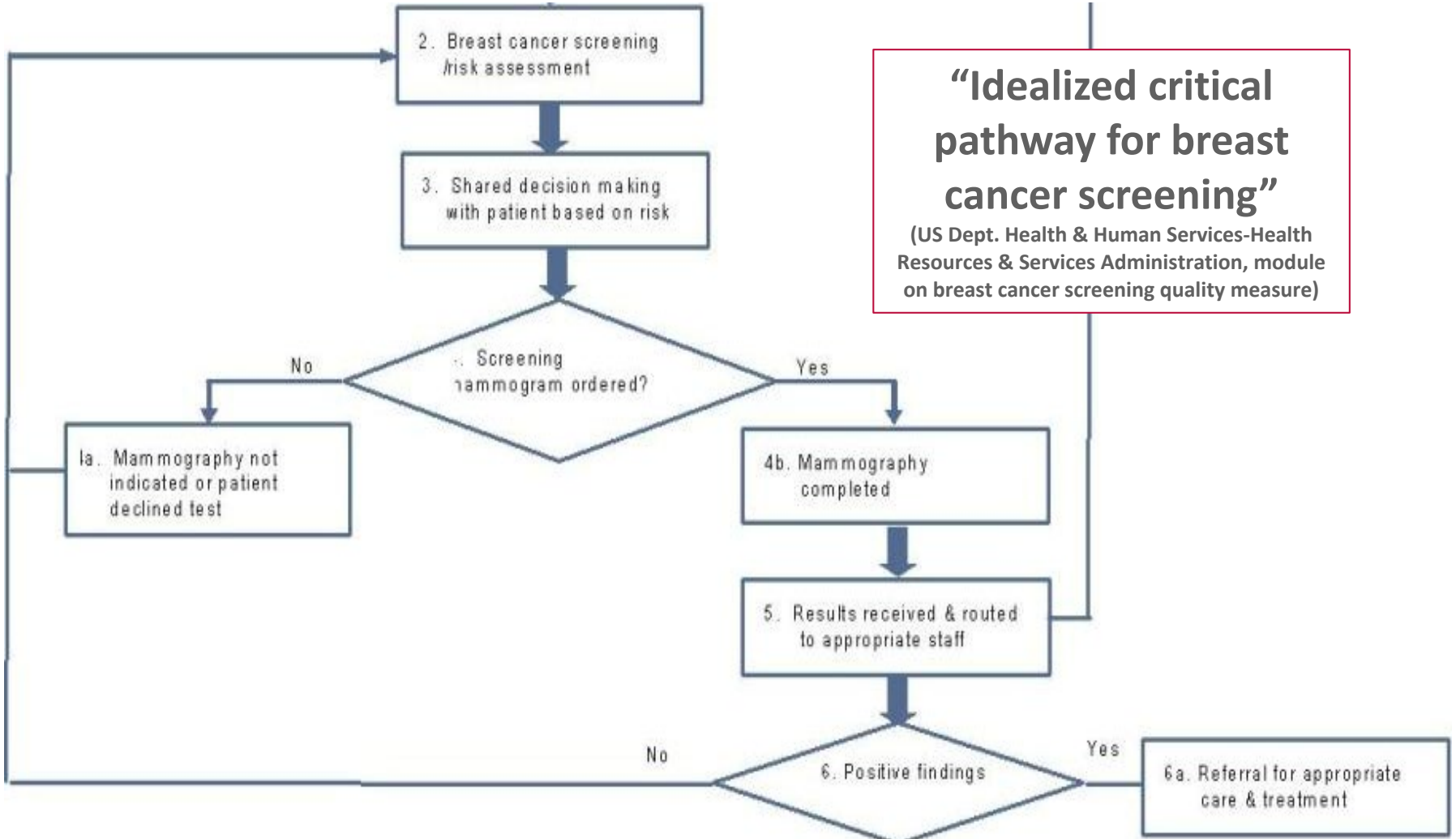
I have no conflicts to disclose.

The work and ideas presented are my own and do not reflect official positions, policies, or endorsement of the National Cancer Institute or any other federal agency.

4 Key Points

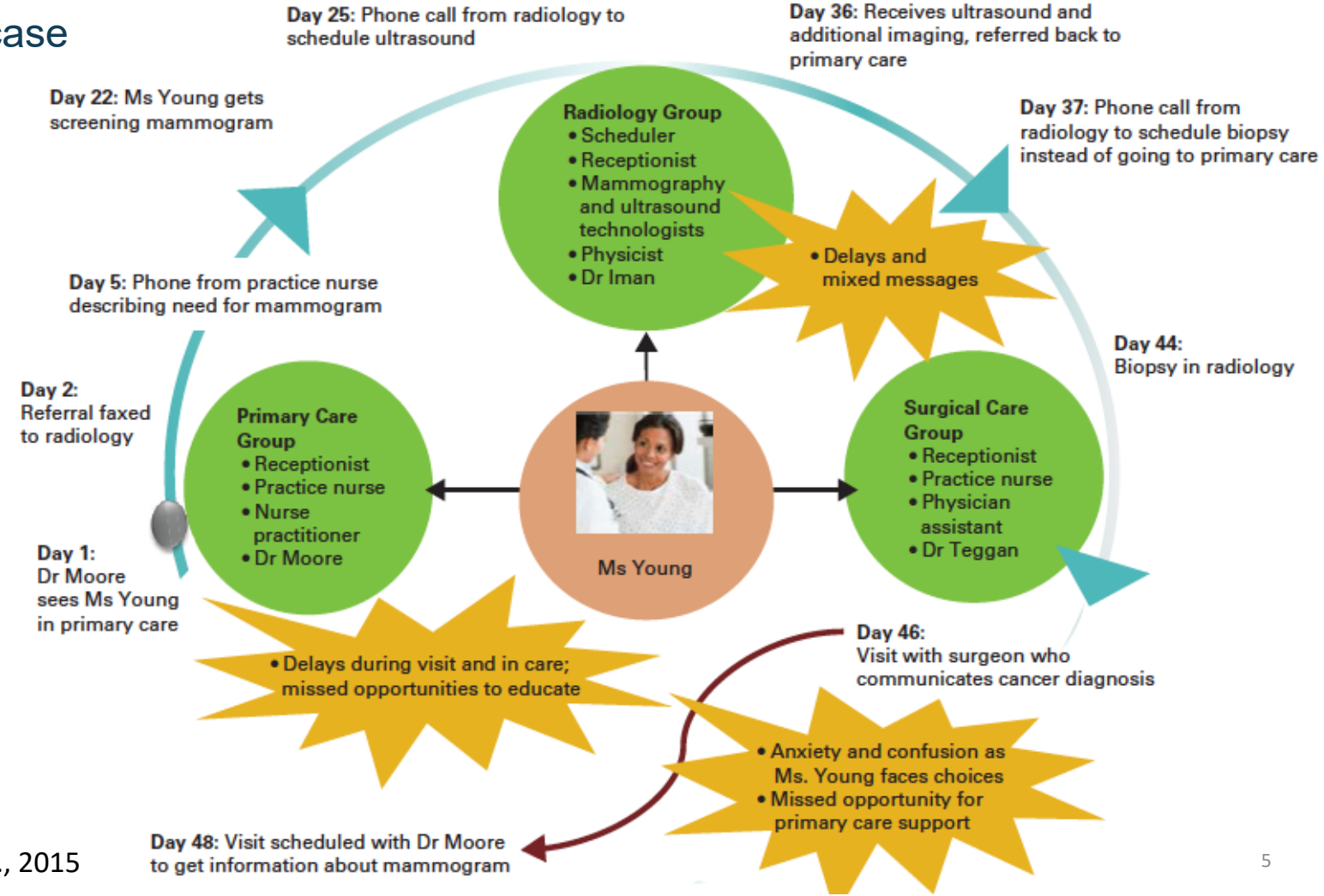
1. Cancer diagnosis is a complex process with multiple teams and coordination demands (interdependencies)
2. A systems lens is central to care coordination focused interventions
3. Strategies to improve diagnostic care coordination exist, require organizational change, support to succeed
   - Patient navigation, maps/plans, integrated care and payment models, etc.
4. Opportunities
   - Multi-level interventions
   - Novel measures/methods of non-linear diagnostic trajectory over time
   - Tools to quantify invisible coordination work of staff, pts, caregivers



"Idealized critical pathway for breast cancer screening"

(US Dept. Health & Human Services-Health Resources & Services Administration, module on breast cancer screening quality measure)

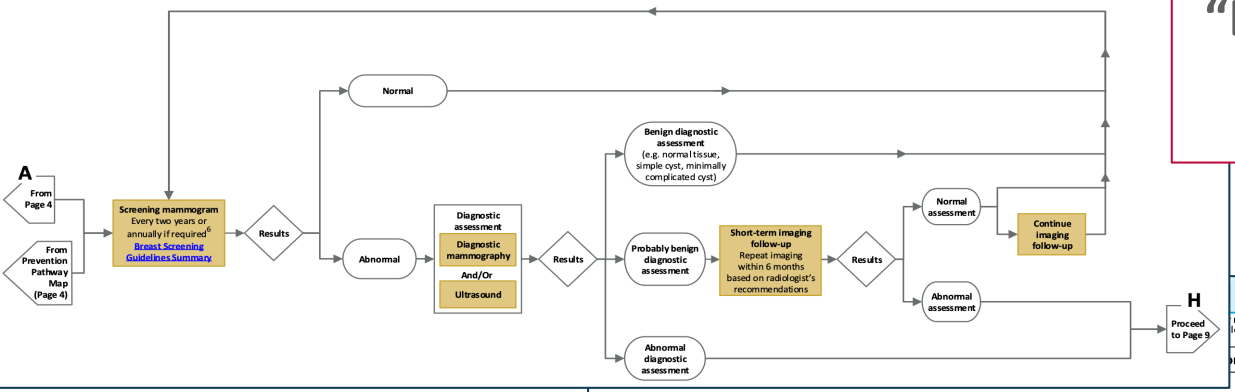
Illustrative case



Taplin, Weaver, et al., 2015

Breast Cancer Screening and Diagnosis Pathway Map

Screen for psychosocial needs, and assessment and management of symptoms. Click here for more information about symptom assessment and management tools

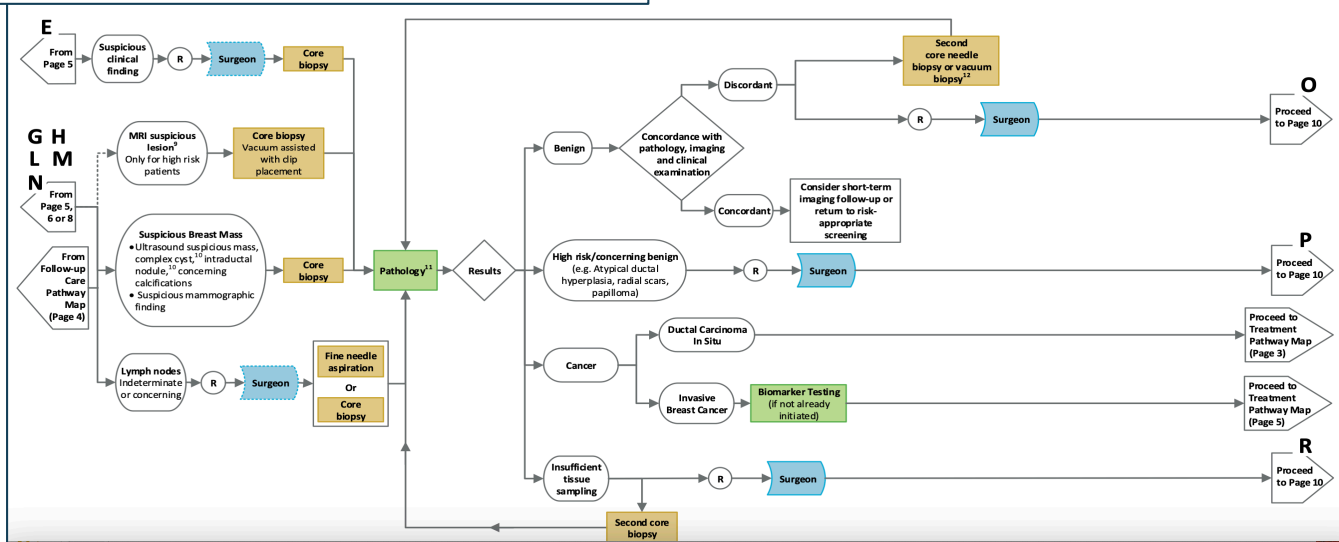


"Breast Cancer Screening and Diagnosis Pathway Map"

(Cancer Care Ontario, 2021)

Diagnostic Procedures

oms. Click here for more information about symptom assessment and management tools



A systems lens is central to care coordination interventions

- Systems thinking:
  - Seeing the “whole” process
  - Mindfully paying attention to interdependencies
  - Attention on factors influencing the process at multiple levels
    - Patient, provider, team, care setting, health system, community, policy

What if….Advanced visualization, project management, or advanced data mining methods enabled real-time workflow generation individualized for a given patient?

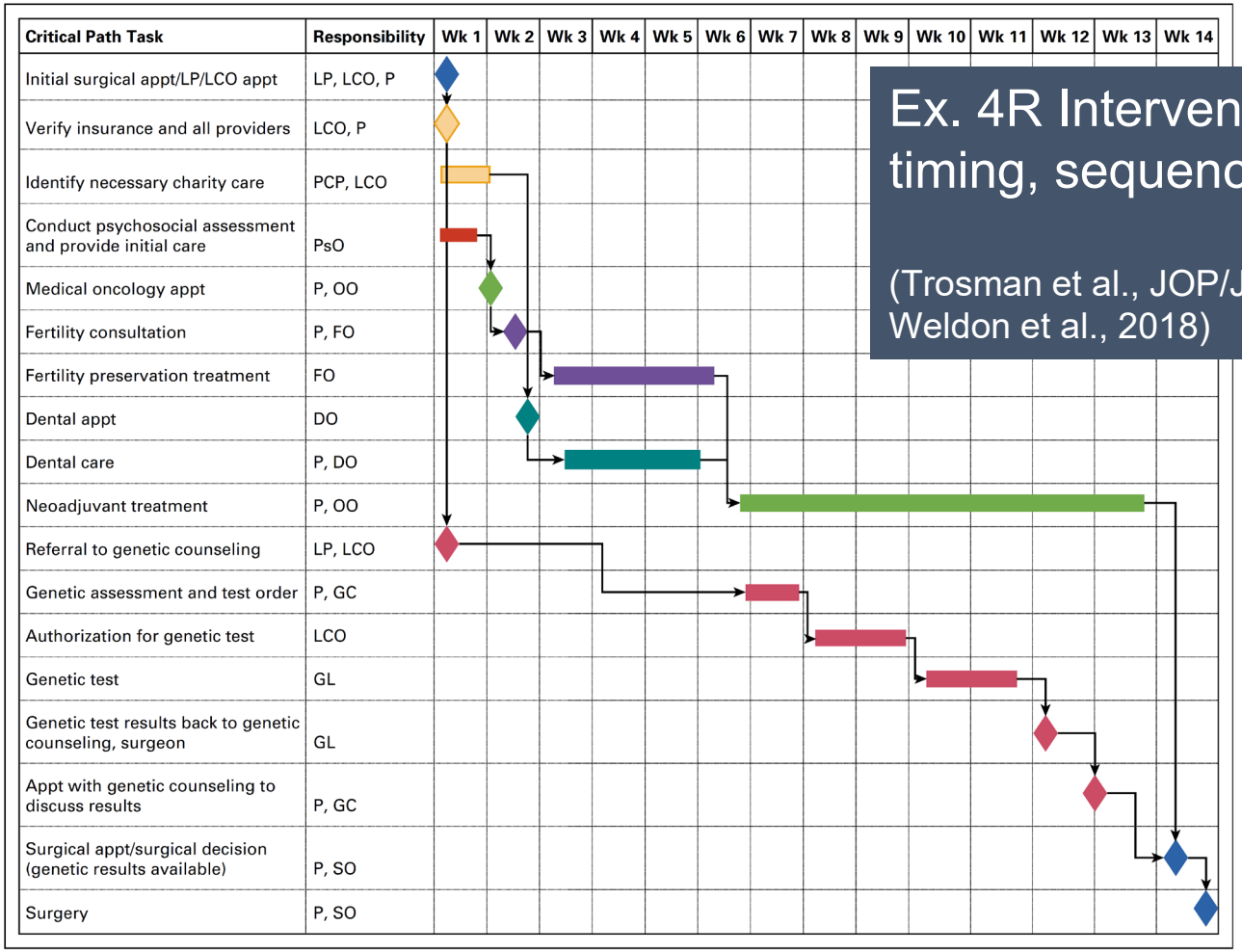


FIG 1. Example of a care project plan: visual project schedule. Appt, appointment; DO, dental office; FO, fertility office; GC, genetic counseling; GL, genetic laboratory; LCO, lead care organizer; LP, lead physician; OO, oncology office; P, patient; PCP, primary care physician; PsO, psychosocial office; SO, surgical office; Wk, week.

Ex. 4R Intervention to clarify timing, sequencing, roles

(Trosman et al., JOP/JCO OP, 2016, 2021; Weldon et al., 2018)

Clarifying what: Breaking down “Coordination”

- “Synthesizing information, care goals, decisions across the multiple groups involved in patient care…
- Mutually aligning, timing, and adapting key care tasks among different care teams or team members over time” (Weaver, Jacobsen, 2018, Transl Behav Med)

Coordination Mechanisms	Coordination Behaviors	Emergent conditions, or cognitive states that facilitate coordination	“Well-coordinated care”
•Tools and strategies •used to time, align, and integrate information, decisions, and actions	•Teamwork skills and other behaviors involved in communicating, aligning, timing, and adapting care tasks	• i.e., shared accountability, shared mental models, and trust	• Coordination of care as an “outcome” • e.g., Patient, caregiver, healthcare worker perceptions of how well (or not) care was coordinated

(Weaver, Che et al., 2018, Med Care)

Coordination strategies & interventions: What we know

(adapted from Kim et al., 2016, Gagliardi et al., 2011; Gorin et al., 2017; Nejati et al., 2019)

Multidisciplinary care models

- Patient navigation
- Care management
- Teamlets
- Multidisciplinary clinics
- Task shifting

Technology

Electronic referral
Referral agreements
HIE, pt portals
Reminders, decision support
Personal health records

Structured tools

Clinical pathways
Workflows
Maps
Plans
Handoff checklists

Training, coaching, education

TeamSTEPPS
Crew resource management
Conflict management
Pt. education & materials

Reflective practices

Audit & feedback
Team debriefs

Payment models & Incentives

Coordination interventions: Opportunities

- Multi-level interventions designed with systems lens
  - Patient, providers, care team, care setting, community, policy
  - If/how interventions need to be adapted for diagnostic workflows that:
    - Begin with symptomatic or incidental findings
    - Include emerging diagnostic tools and technologies

- Novel measures/methods of non-linear diagnostic trajectory over time
- Tools to efficiently quantify “invisible” coordination work of staff, pts, caregivers

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