Multidisciplinary, Multispecialty Workforce from Diagnosis Onward

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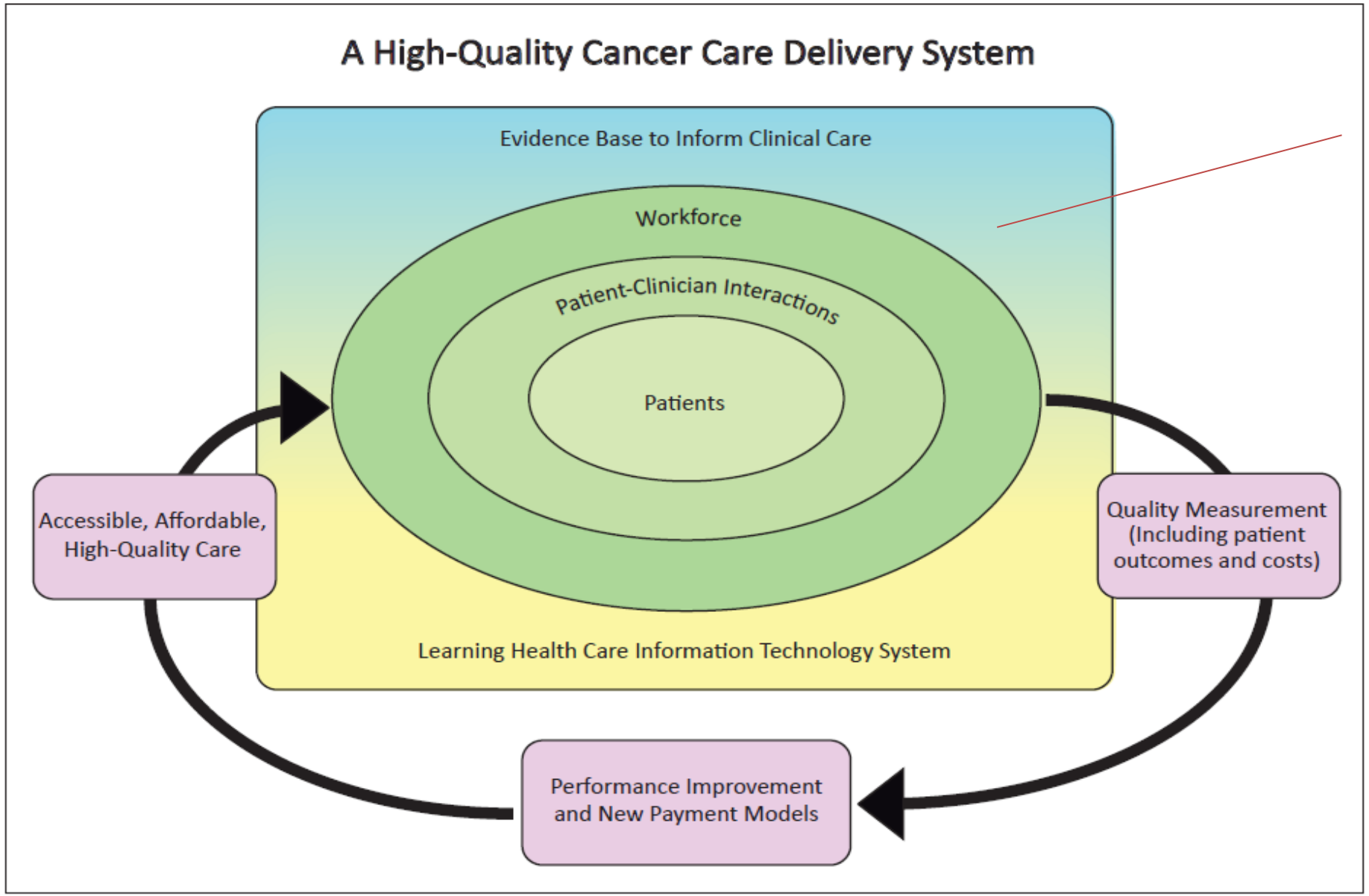
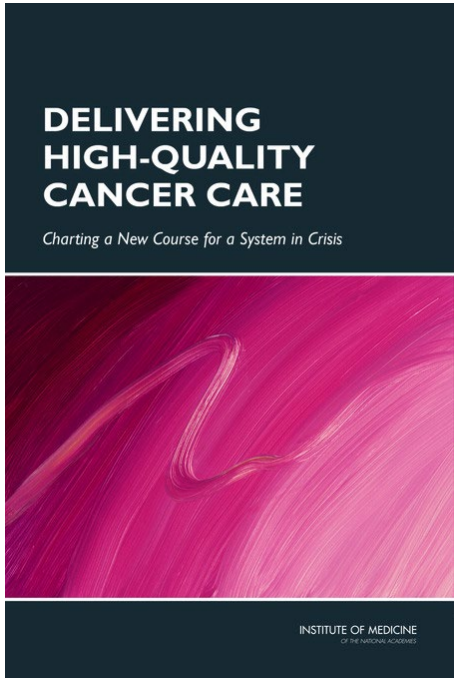
Mass General Brigham

Dana-Farber Cancer Institute

Conceptual Framework



Adequately staffed, trained, and coordinated workforce



Adequately-Staffed, Trained and Coordinated Workforce

A system that provides competent, trusted, interprofessional cancer care teams aligned with patients' needs, values, and preferences, as well as coordinated with the patients' noncancer care teams and their caregivers.

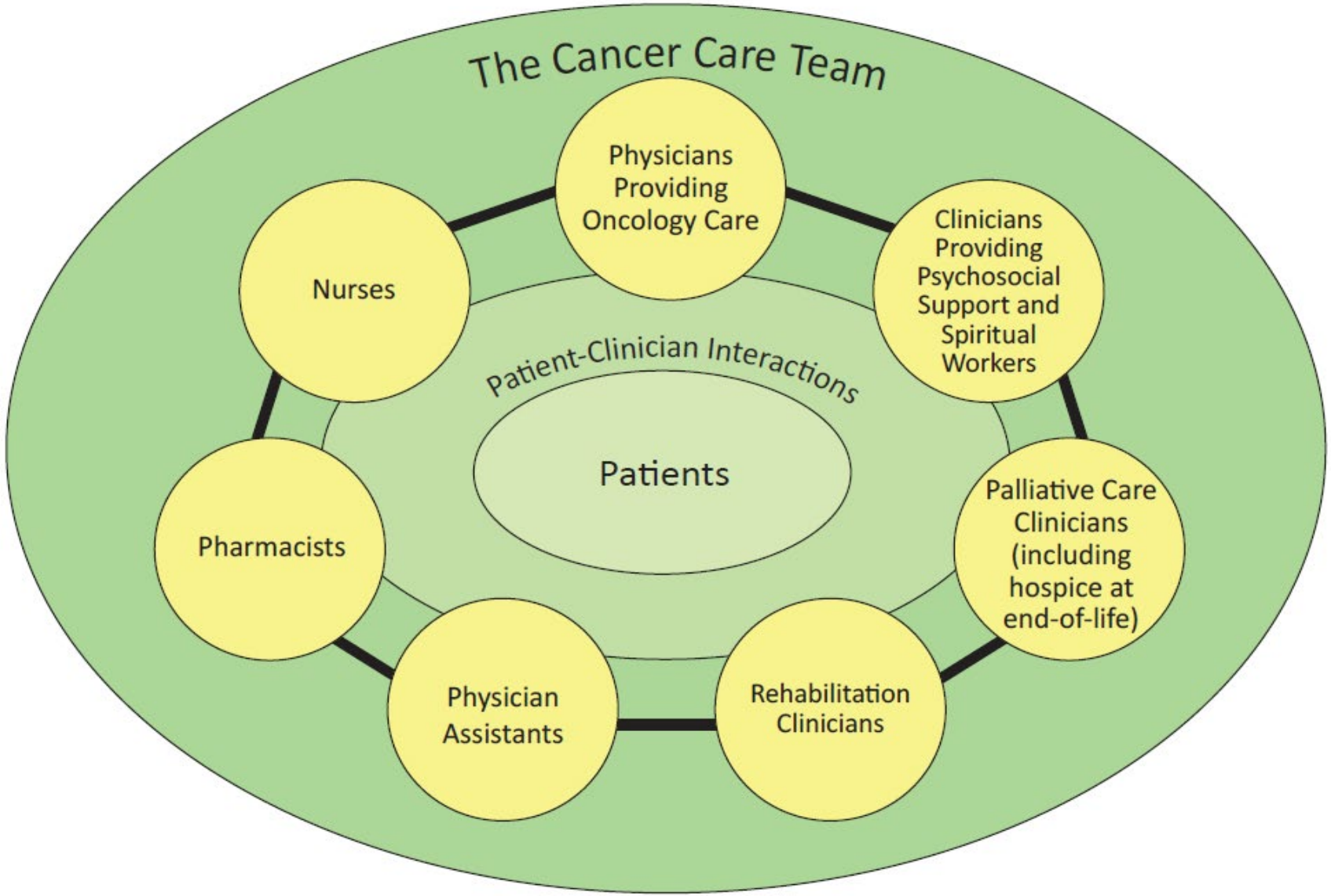
GOAL 3

Members of the cancer care team **should coordinate with each other** and **with primary/geriatrics** and **specialist care teams** to implement patients' care plans and deliver comprehensive, efficient, and patient-centered care.

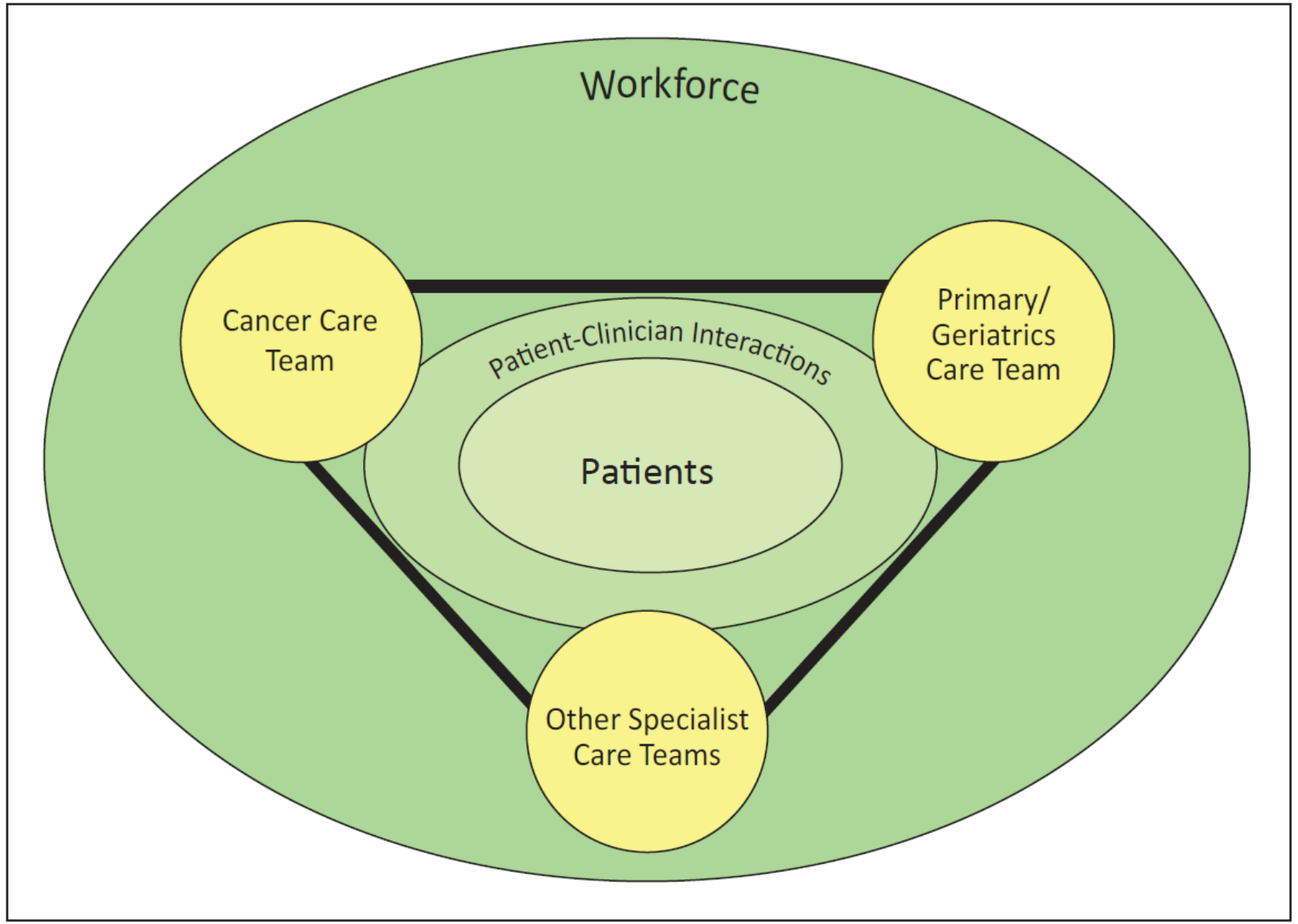
GOAL 4

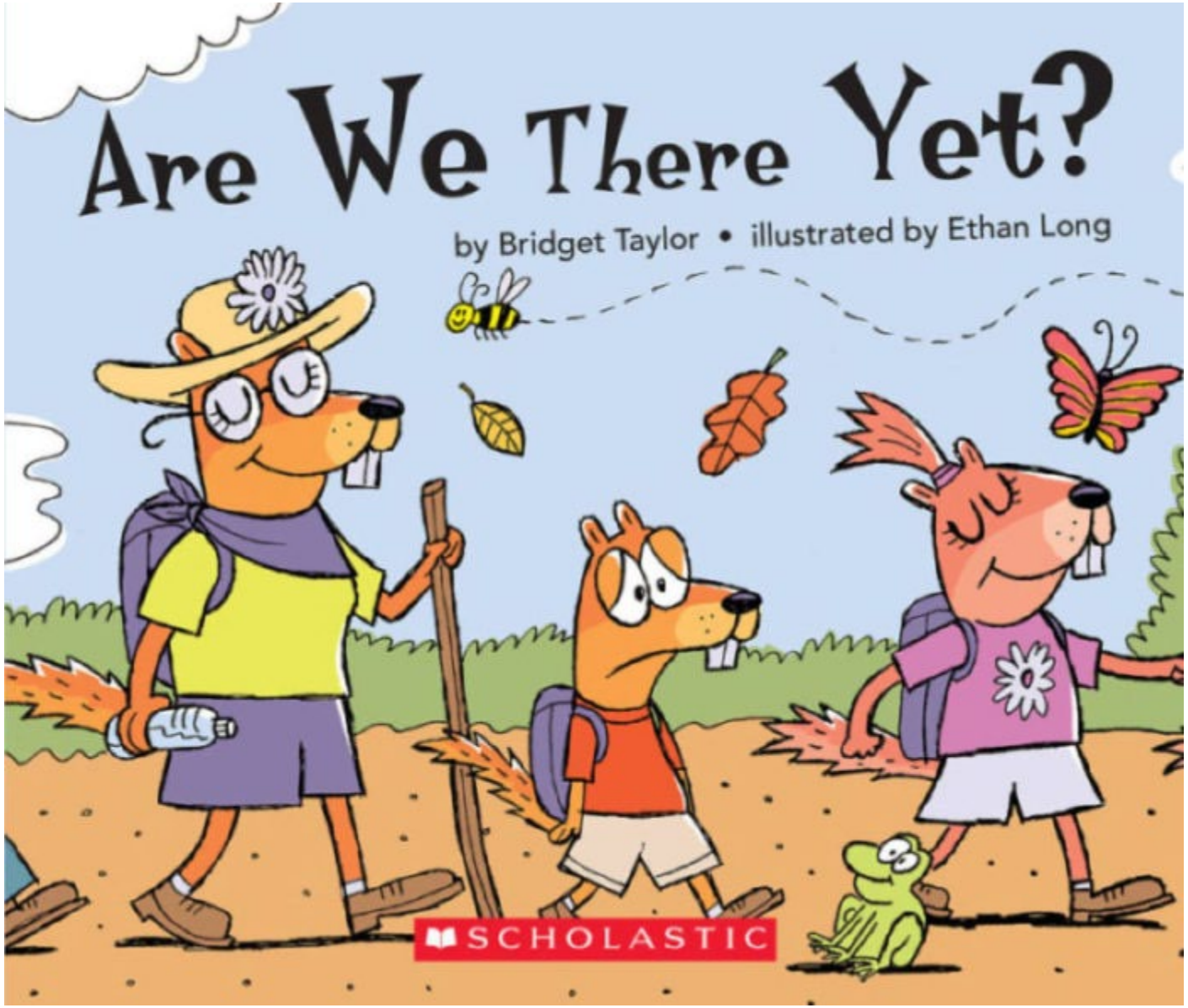
All individuals caring for cancer patients should have **appropriate core competencies.**

A Coordinated Cancer Care Team

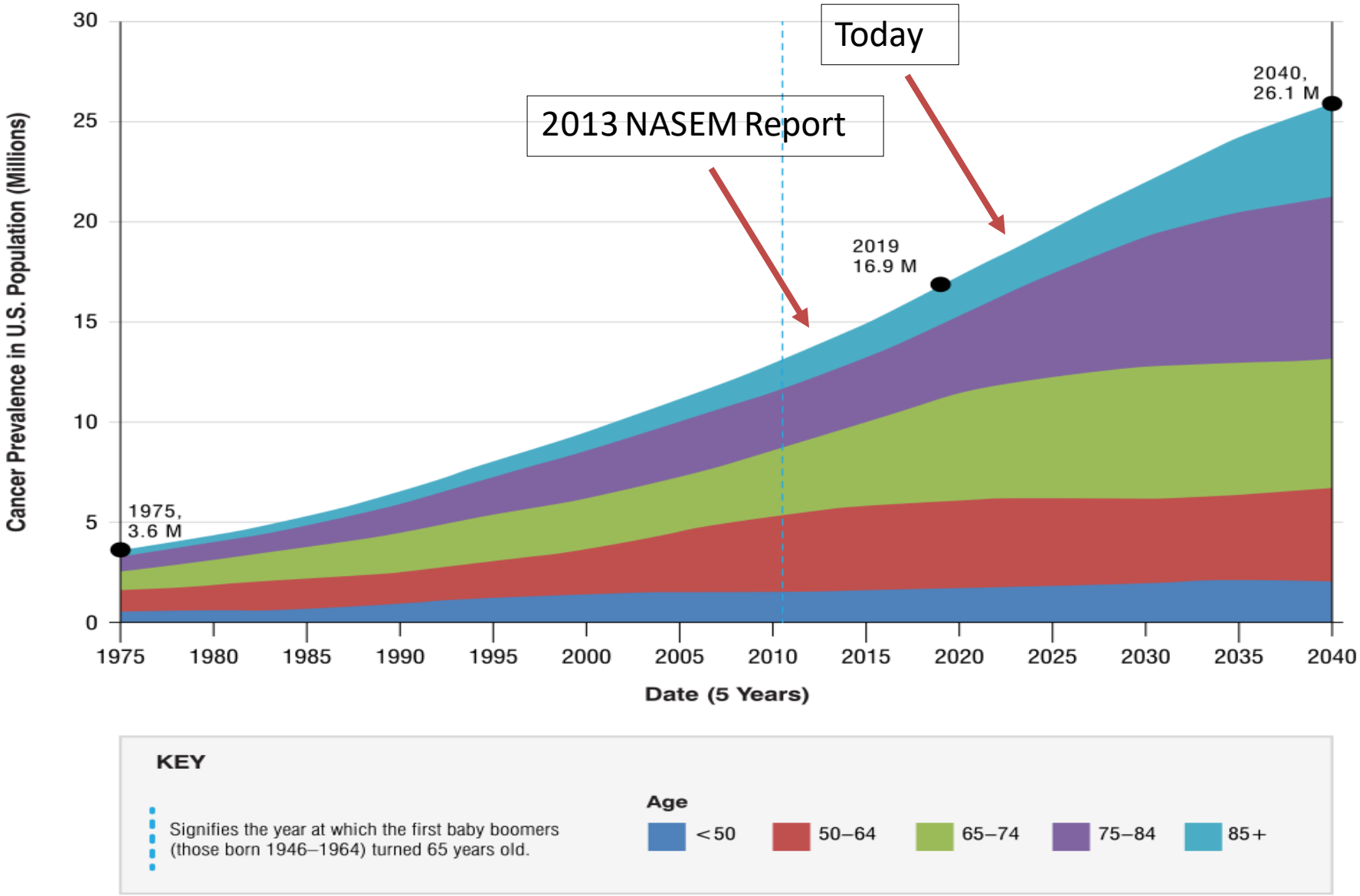


A Coordinated Workforce




Are We There Yet?
by Bridget Taylor • illustrated by Ethan Long
SCHOLASTIC

Cancer Prevalance and Projections in U.S. Population from 1975–2040



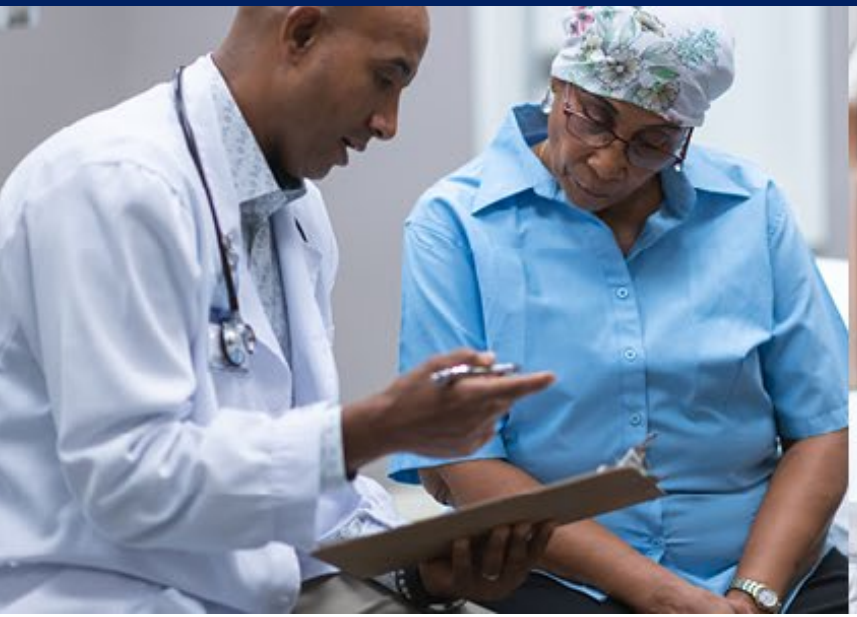
REFERENCE: Bluethmann SM, Mariotto AB, Rowland, JH. Anticipating the "Silver Tsunami": Prevalence Trajectories and Comorbidity Burden among Older Cancer Survivors in the United States. Cancer Epidemiol Biomarkers Prev. 2016;25:1029-1036.

Growing Population and Needs

- Increasing numbers living with and beyond cancer, and getting older
- Better treatments, reduced mortality/improved survival
- New therapies with need to focus on emerging effects of treatments and individualize treatment
- Need to continue to focus on known long-term complications of therapy
- Drive implementation of strategies to improve function and quality of life

NATIONAL ACADEMIES Sciences Engineering Medicine

NATIONAL CANCER POLICY FORUM



Developing a Multidisciplinary and Multispecialty Workforce for Patients with Cancer, From Diagnosis to Survivorship

Larissa Nekhlyudov and Lawrence Shulman
Workshop Planning Committee Co-Chairs

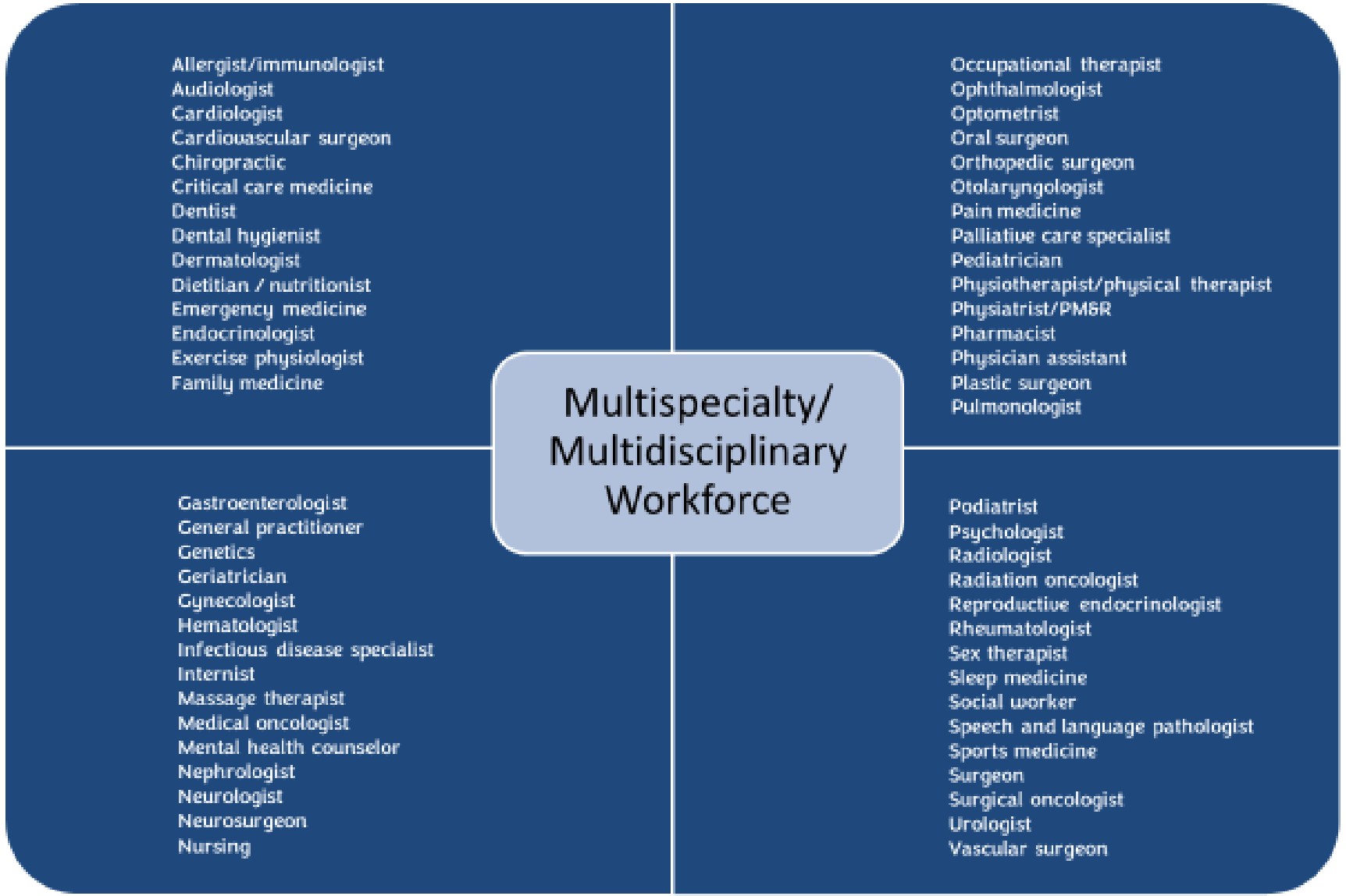
This National Academies workshop, convened by the National Cancer Policy Forum in collaboration with the Global Forum on Innovation in Health Professional Education, examined opportunities to improve equitable access to multispecialty, multidisciplinary care for patients living with and beyond cancer.

Developing a Multidisciplinary and Multispecialty Workforce for Patients with Cancer, From Diagnosis to Survivorship

Overview

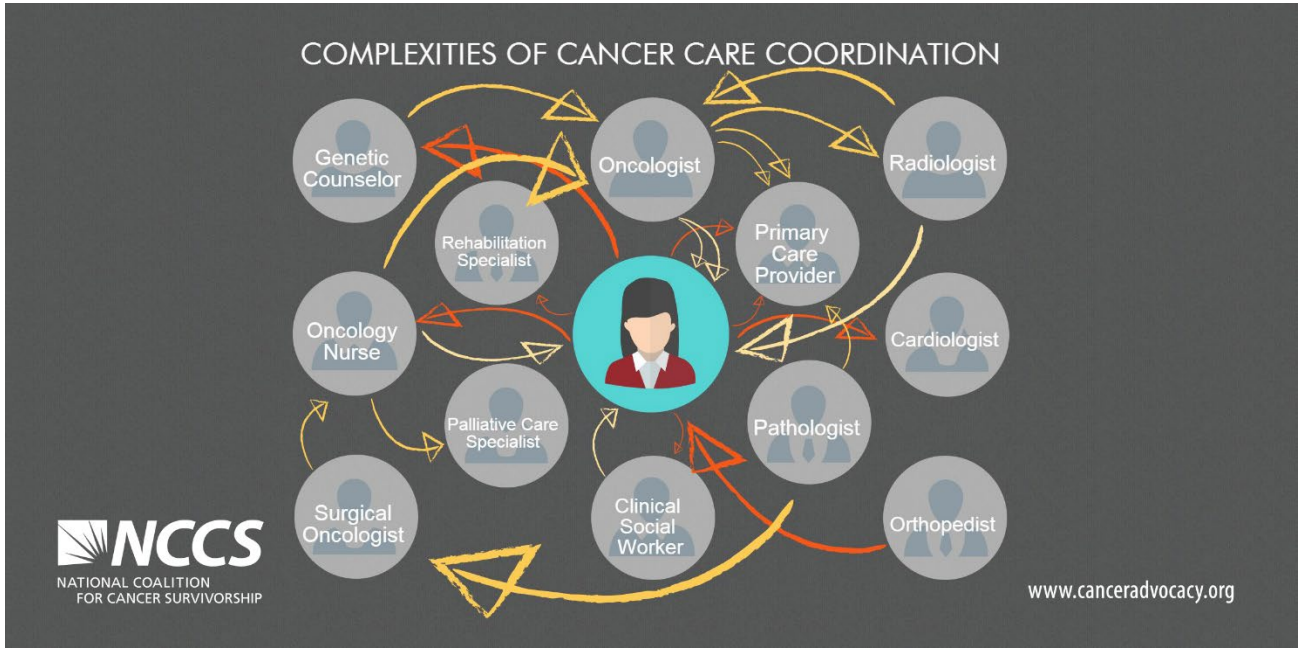
- Overview of the Cancer Care Continuum and Need for Multidisciplinary and Multispecialty Care
- Real World Examples of Providing Multidisciplinary, Multispecialty Expert Care to Patients Living with and Beyond Cancer
- Education and Training Opportunities
- Health System Opportunities
- Overcoming Obstacles to Provide Comprehensive Multidisciplinary, Multispecialty Expert Care to Patients Living with and Beyond Cancer: Policy, Payment, and Advocacy Opportunities

Multispecialty and Multidisciplinary Workforce



Specialties and disciplines

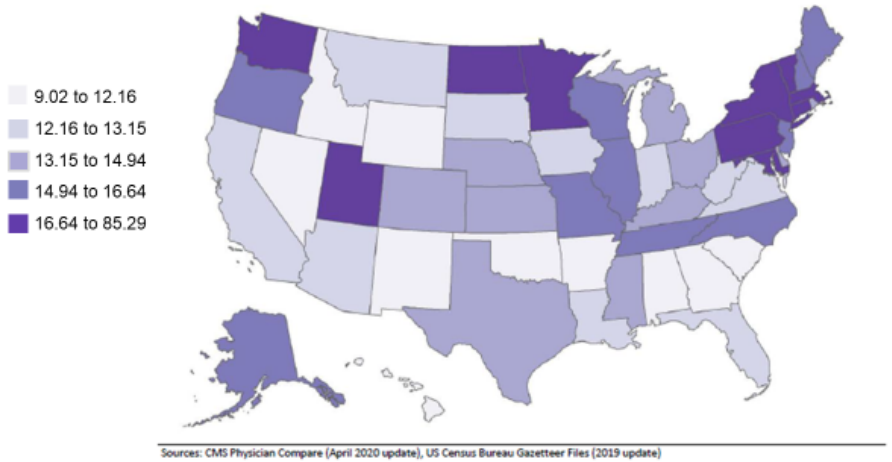
- Physicians, advanced care clinicians, physician assistants, nurses, mental health professionals, rehabilitation clinicians, among others
- Workshop focused on some as examples, did not cover all
- Examples provided a framework that may be generally applied and/or tailored



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.

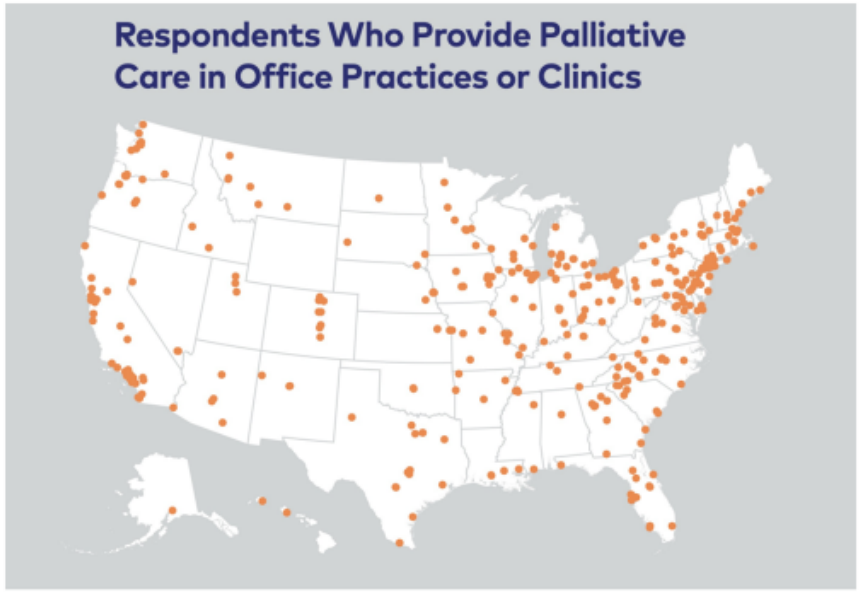
National Comprehensive Cancer Network®

Oncologists per 100,000 Residents Aged 55 years or Older by State



ASCO Key Trends in Tracking Supply of and Demand for Oncologists, August 2020

Respondents Who Provide Palliative Care in Office Practices or Clinics



American Cancer Society

N-890 programs across 3,162 sites of care

49% operated by hospices

46% provide office-based care

65% provide in-home care

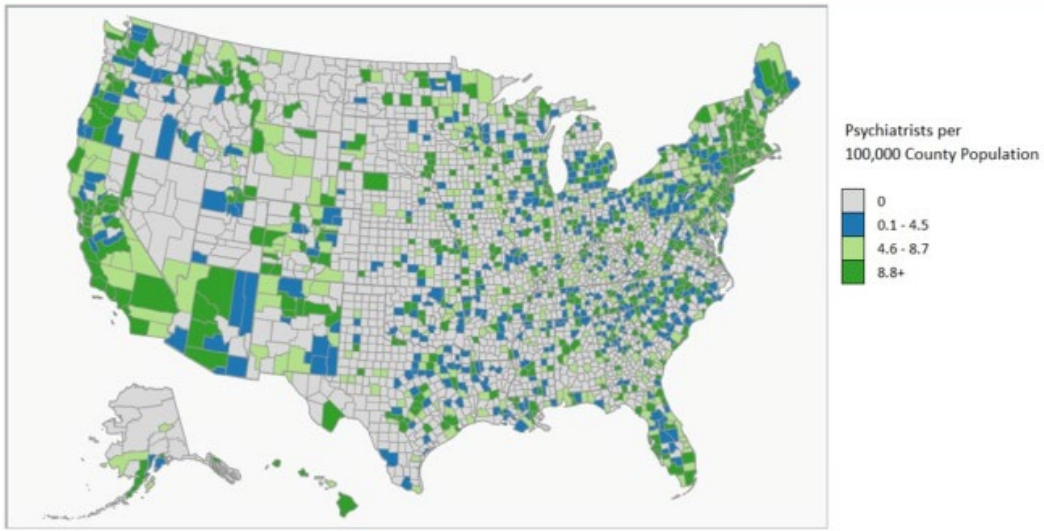
28% provide care in long-term care facilities

CAPC: Mapping Community PC 2019

ONS Members (n ~34,000)

Potential universe of oncology nurses based on HRSA data is ~100-110K

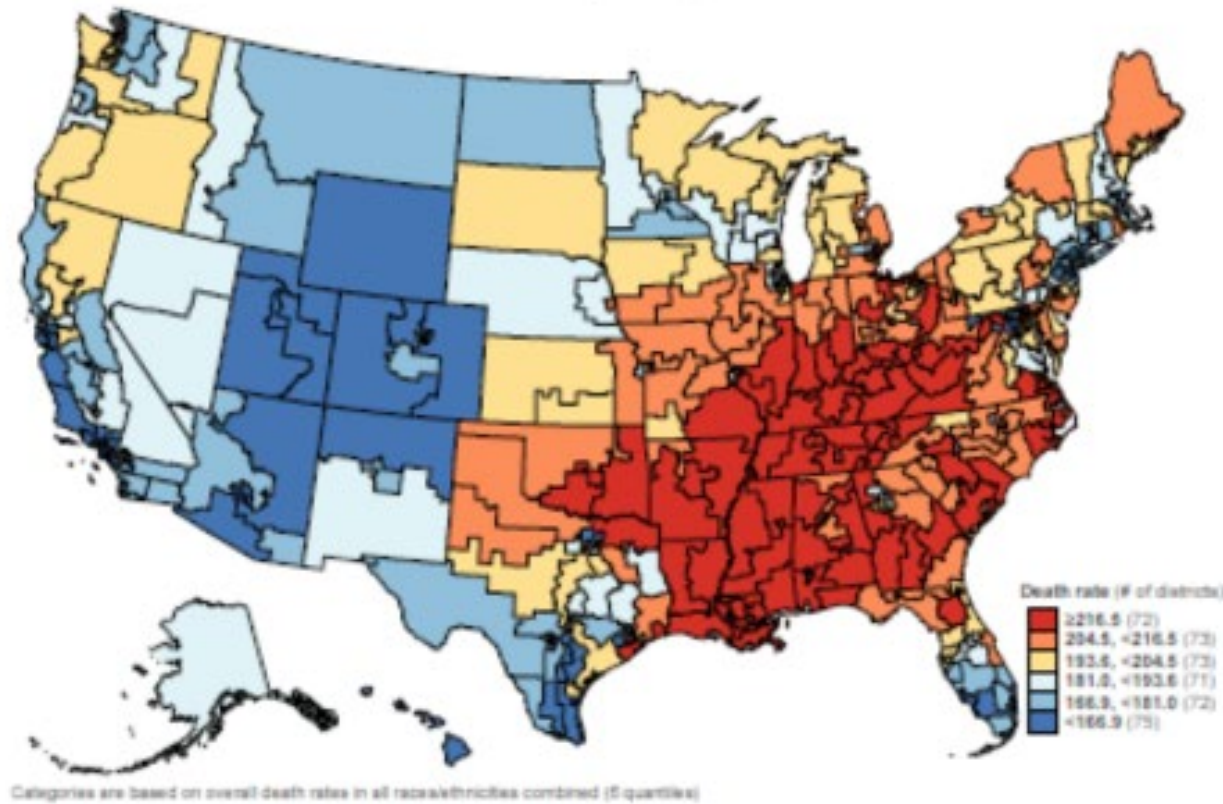
Figure 1. Map of Psychiatrists per 100,000 Population by U.S. County



University of Michigan Behavioral Health Workforce Research Center. Estimating the Distribution of the US Psychiatric Subspecialty Workforce. Ann Arbor, MI: UMSPH; 2018.

Slides courtesy of Drs. Robert Carlson, Arif Kamal, Deb Mayer, and Bill Pirl

Geographic Disparities in Cancer Mortality Rates in United States, Males 2014-2018



Source: Islami F, Guerra CE, Minihan A, et al. American Cancer Society's report on the status of cancer disparities in the United States, 2021. CA Cancer J Clin. 2021. Epub ahead of print. PMID: 34878180.

Courtesy Dr. Robin Yabroff

Challenges

- Cancer care evolving with important implications for cancer care from diagnosis onward
- Increasing complexity of both short and long-term effects for cancer patients/survivors
- Shortage of all providers – oncologists, psychosocial, nutritionists, PCPs, etc. (and getting worse through retirement, burnout)
- Provider workflow and demands inhibit addressing of holistic survivorship issues
- System-wide collaborative model across specialists challenging and lack of it impedes optimal care

Challenges

- Severe disparities of care exist, based on SDOH, geography, etc. leading to barriers in access to quality health care
- The fee for service reimbursement system is unbalanced and, as it currently exists, does not favor the complex care coordination required for survivorship and wellness
- Most health systems are not currently structured to provide team-based care across disciplines, locations and entities, nor externally with other organizations or providers
- Health systems frequently lack real time structured EHR-based data

Opportunities

- Focus on workforce education and training, including interprofessional, team-based care and competencies
- Guidelines for referral to “super specialists” and access/implementation of guidelines for managing patients with different toxicities
- Develop a coordinated, collaborative, team-based care approach to assessing survivors and their needs, and appropriate interventions – cannot isolate by specific specialty and need to integrate specialist care into treatment decisions, during treatment and follow up care
- Optimize provider efficiency – across oncologist and all specialists, and PCPs

Opportunities

- Provide quality EHR data (at the right time, at the right place, to the right individuals/teams)
- Collect actionable patient-level data, without adding burden to patients, clinicians and systems
- Optimize embedded care, collaborative care, and/or consultative models as appropriate
- Individuals can be the spark to drive change, but partnerships (with professional and community organizations) are needed to sustain and disseminate efforts
- Identify and target policy/interventions to address health equity issues
- Legislative wins can drive the change that we need, advocacy matters

To advance equity, we need more than bridges.

Slide courtesy Dr. Kelly Irwin

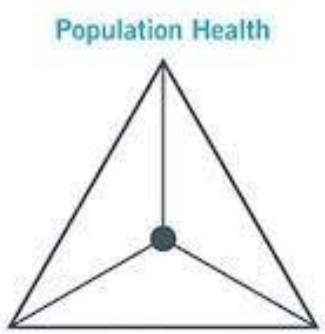
Session 3: Workforce Considerations: Reaching for the Quadruple Aim

Co-Moderators

Larissa Nekhlyudov, Brigham & Women's Hospital; Dana-Farber Cancer Institute

Carolyn Hendricks, Maryland Oncology Hematology

The IHI Triple Aim



REFLECTION

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

Thomas Bodenheimer, MD[1]

Christine Sinsky, MD[2,3]

[1]Center for Excellence in Primary Care, Department of Family and Community Medicine, University of California San Francisco, San Francisco, California

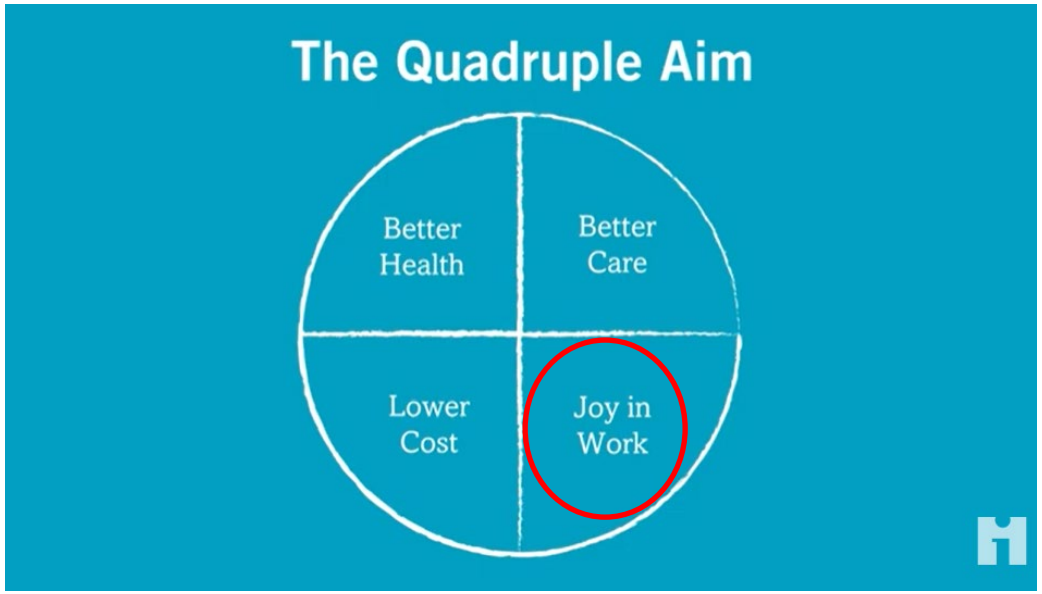
[2]Medical Associates Clinic and Health Plan, Dubuque, Iowa

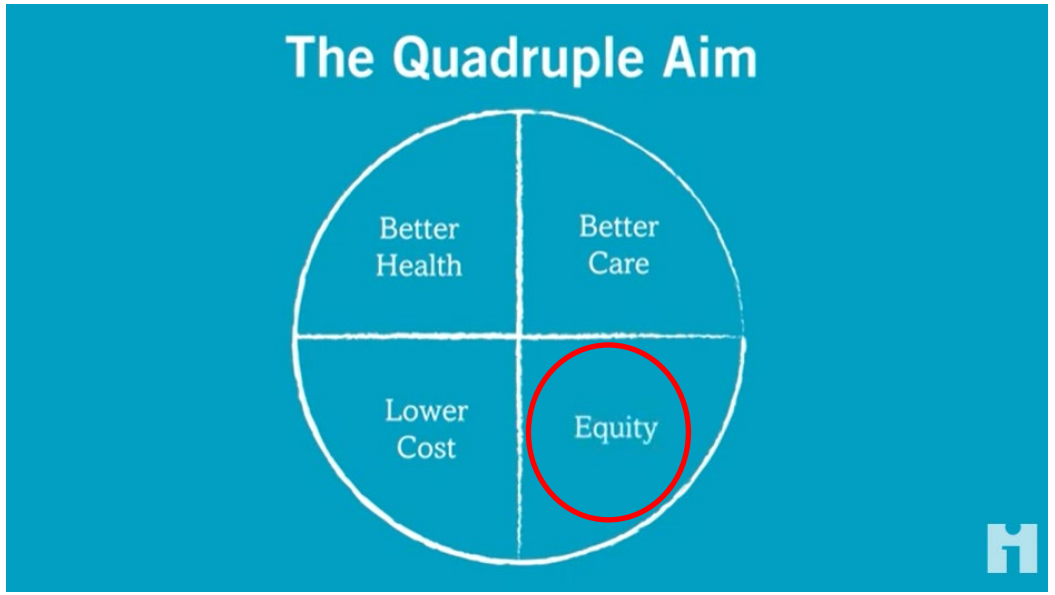
[3]American Medical Association, Chicago, Illinois

ABSTRACT

The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.

Ann Fam Med 2014;12:573-576. doi: 10.1370/afm.1713.





Institute for Healthcare Improvement - https://www.ihi.org/communities/blogs/the-triple-aim-or-the-quadruple-aim-four-points-to-help-set-your-strategy

Session 3: Workforce Considerations: Reaching for the Quadruple Aim

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Overview of the Oncology Workforce Demographics

Carolyn Hendricks, Maryland Oncology Hematology

Workforce Wellness

Mickey Trockel, Stanford University *(participating virtually)* and Ishwaria Subbiah, Sarah Cannon Research Institute

Promoting and Sustaining Diversity in the Oncology Workforce

Narjust Florez, Dana-Farber Cancer Institute

Education and Training

Chris Friese, University of Michigan

Delivery System Efficiencies: Opportunities to Leverage Digital Health to Improve Care

Edmondo Robinson, Moffitt Cancer Center *(participating virtually)*

Panel Discussion