Ensuring the Delivery of Patient-Centered Cancer Care

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CoC New Hampshire State Chair and New Hampshire Comprehensive Cancer Control Collaboration (NH CCC) Member
Call Objectives

• Understand the purpose and objectives of the Commission on Cancer (CoC) and its Accreditation Program
• Review the role of the CoC in comprehensive cancer control
• Describe the rationale and requirements of the new CoC patient-centered standards
• Illustrate key concepts for how the new CoC patient-centered standards can support state cancer plans and coalitions
• Outline specific strategies for connecting objectives from a state cancer plan with the new CoC patient-centered standards and CoC-accredited cancer programs at the local level
Commission on Cancer Mission

The CoC is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.
CoC Objectives

• Establish standards to ensure quality, multidisciplinary and comprehensive cancer care delivery in healthcare settings
• Conduct surveys in healthcare settings to assess compliance with those standards
• Collect standardized, high quality data from CoC-accredited healthcare settings to measure cancer care quality
• Use data to monitor treatment patterns and outcomes and enhance cancer control and clinical surveillance activities
• Develop effective educational interventions to improve cancer prevention, early detection, care delivery, and outcomes in healthcare settings
CoC Role in Comprehensive Cancer Control

- Served as member of National Partnership for Comprehensive Cancer Control since inception 10 years ago
- Partnership includes collaborative group of diverse national organizations working together to build and strengthen comprehensive cancer control (CCC) efforts across the nation
- CoC supports National Partnership goal to: Provide technical assistance & training to coalitions on implementing their CCC plan priority strategies
- National Partnership resources available at www.cccnationalpartners.org
CoC “Facts”

• More than 1,500 CoC-accredited cancer programs in the United States
• CoC programs diagnose and treat 71% of cancer patients in the United States
• Since 1985, the National Cancer Data Base has captured over 26 million cancer cases
• New standards required for implementation in 2012
Distribution of CoC Accredited Cancer Programs by State (1,500)
Considerations for Revision to CoC Standards

• Institute of Medicine recommendations
• Preferences and recommendations of CoC member organizations
• Transition structural standards to “eligibility criteria” for program participation
• Focus standards on process and outcome – i.e., direct patient benefits
• Address full continuum of care
Issues Identified by the Institute of Medicine (IOM)

- Respect patients’ values, preferences and expressed needs
- Coordinate and integrate care across boundaries of the system
- Provide the information, communication, and education that people need and want
- Guarantee physical comfort, emotional support, and the involvement of family and friends

*Crossing the Quality Chasm: A New Health System for the 21st Century*
Institute of Medicine (IOM) 2001
Issues Identified by the Institute of Medicine (IOM)

- Variation in quality affects outcomes
  - Quality of life
  - Organ function
  - Cancer recurrence
  - Patient survival
- Patient-centered care is not well implemented
  - Systems can be complex and fragmented
  - Too much unwanted or unneeded care
  - Patients excluded from care team and decision-making
  - Poor coordination between providers and settings

Ensuring Quality Cancer Care
Institute of Medicine (IOM) 1999
CoC Response

- Address needs by developing new patient-focused standards
  - Patient navigation
  - Psychosocial distress screening
  - Survivorship care plan
  - Genetic assessment and counseling
  - Palliative care services
  - Increased clinical trial accrual
- Address the full continuum of care
- Improve coordination of care
- Increase participation in care decisions by patients and family members
- Increase patient satisfaction

*Patient-Centered Cancer Treatment Planning: Improving the Quality of Oncology Care*
Institute of Medicine (IOM) 2011
Focus of New Standards for Accreditation

- Addressed continuum of care needs by developing new patient-centered standards
  - Patient navigation*
  - Psychosocial distress screening*
  - Survivorship care plan*
  - Genetic assessment and counseling
  - Palliative care services
  *2015 Requirement

- Increased focus on the quality of care through performance metrics and quality improvement activities
  - Accountability measures
  - Quality improvement measures
  - Assessment of treatment planning
  - Increase clinical trial accruals
  - Prevention and early detection activities
  - Studies of quality and improvements
  - Public reporting of outcomes
Benefits of the New Standards

- Established minimum thresholds for all programs through eligibility requirements
- Increased depth and patient focus through addition of continuum of care and patient-centered standards
- Additional focus on cancer committee leadership through expanded coordinator and CLP roles
- Increased focus on the quality of care through inclusion of performance metrics and quality improvement activities
Patient Navigation (Phase in 2015)

- **Standard 3.1:** A patient navigation process, driven by a community needs assessment, is established to address health care disparities and barriers to care for patients. Resources to address identified barriers may be provided either on-site or by referral to community-based or national organizations. The navigation process is evaluated, documented, and reported to the cancer committee annually. The patient navigation process is modified or enhanced each year to address additional barriers identified by the community needs assessment.
Patient Navigation (Phase in 2015)

• Patient navigation programs have been increasingly adopted throughout the US.*

• Numerous studies have suggested that these programs improve the quality of health care among patients served including timeliness and receipt of cancer screening, diagnostic follow-up care, and treatment.*

• Standard defined in collaboration with
  – American Cancer Society
  – Association of Oncology Social Work
  – Oncology Nursing Society  

*The Oncologist 2011;16-926-929
Cancer Program Implementation Plan 2012 - 2015

- How will the cancer program conduct the needs assessment of their patient population to determine health care disparities and barriers to care?
- What steps will the cancer program take to begin to define the plan for the navigation process selected to be put into place and what resources will be required?
Psychosocial Distress Screening (Phase-in 2015)

- Standard 3.2: The cancer committee develops and implements a process to integrate and monitor on-site psychosocial distress screening and referral for provision of psychosocial care.
- Addresses IOM recommendation that “All parties establishing or using standards for the quality of cancer care should ensure the provision of appropriate psychosocial health services.”
- Standard defined in collaboration with
  - American Psychosocial Oncology Society
  - Cancer Support Community
Cancer Program Implementation Plan 2012 - 2015

- How will the cancer program determine the process to use to incorporate screening for distress?
- What established resources exist within the cancer program to support referral for psychosocial needs?
- What tools and methods will the cancer program use to conduct the screening, and how will this activity be assessed and documented?
Survivorship Care Plan (Phase-in 2015)

• Standard 3.3: The cancer committee develops and implements a process to disseminate a comprehensive care summary and follow-up plan to patients with cancer who are completing cancer treatment. The process is monitored, evaluated, and presented at least annually to the cancer committee and documented in the minutes.
Survivorship Care Plan (Phase-in 2015)

- Addresses IOM recommendation that “Patients completing primary treatment should be provided with a comprehensive care summary and follow-up plan that is clearly and effectively explained.”

- Standard defined in collaboration with
  - National Coalition for Cancer Survivorship
  - LIVESTRONG
  - Cancer Support Community

*From Cancer Patient to Cancer Survivor: Lost in Translation*
Institute of Medicine (IOM) 2005
Cancer Program Implementation Plan 2012 - 2015

• What process will the cancer program implement to disseminate a treatment summary and care plan for all patients completing cancer treatment?
• Which individuals/principle providers will the cancer program designate with the responsibility of implementing this process?
• What tools and methods will the cancer program use to complete the treatment summary and care plan, and how will this activity be monitored and evaluated?
Risk Assessment and Genetic Testing

• Standard 2.3: Cancer risk assessment, genetic counseling, and testing services are provided to patients either on-site or by referral, by a qualified genetics professional.

• Standard defined in collaboration with
  – National Society of Genetic Counselors
Cancer Program Implementation Plan For 2012

• How will the cancer program screen patients to determine if they are at risk?
• What educational efforts and information will the cancer program put in place to make patients aware of the risk factors?
• Has the cancer program identified genetics professional to perform the counseling and testing on-site or by referral?
Palliative Care Services

• Standard 2.4: Palliative care services are available to patients either on-site or by referral.

• Standard-setting and accreditation bodies should strongly encourage expedited development and use of standards of care and practice guidelines to support the provision of palliative care services

*Improving Palliative Care for Cancer*
Institute of Medicine (IOM) 2001
Palliative Care Services

• Standard defined in collaboration with
  – American Academy of Hospice and Palliative Medicine
  – Center to Advance Palliative Care
Cancer Program Implementation Plan For 2012

• Does the facility have an existing palliative care program that can support the cancer program?
• Are palliative care services available on-site or by referral?
• Who are the members of the palliative care team?
• How will the cancer program ensure continuity across the range of clinical settings and services?
CoC Resources to Support the Standards

- Review the *Cancer Program Standards 2012* manual
- Participate in CoC webinars
- Attend CoC workshops
- Visit the CoC Best Practices Repository
- Visit the CAnswer Forum

All resources available from CoC Website at www.facs.org/cancer
In 1998, CDC established the National Comprehensive Cancer Control Program (NCCCP), which provided seed money and technical support for the development and implementation of CCC plans. Today, CDC funds CCC programs in all 50 states, the District of Columbia, seven tribes and tribal organizations, and seven U.S. territories.
The NCCCP's success is grounded in partnerships that reach across traditional divides to make CCC a reality in communities across the nation. CCC coalitions form an army of dedicated individuals, professionals, and cancer survivors who share expertise, resources, and ideas to tackle priorities that are too broad to confront alone. The result is a powerful network of groups across the nation, working to reduce cancer and improve survivors' quality of life.
NCCCP

- **Building Blocks of Comprehensive Cancer Control**
- **Enhance infrastructure** necessary to manage and support CCC efforts.
- **Mobilize support** by improving the use of existing resources for cancer programming and increasing the level of support available.
- **Perform research** to guide decision making and determine priorities.
- **Build partnerships** to increase awareness and involvement of partners from different disciplines and sectors including doctors, public health personnel, non-profit organizations, insurance companies, businesses, cancer survivors, government agencies, colleges and universities, and advocates.
- **Assess and address the cancer burden** to reduce illness and death from cancer and disparities among population groups.
- **Evaluate** outcomes associated with CCC planning and implementation.

*Cancer Control P.L.A.N.E.T.*

*Links to comprehensive cancer control resources for public health professionals*
National Comprehensive Cancer Control Program (NCCCP)

How can State Cancer Plans address and promote the new 2012 CoC Standards?

• Patient Navigation
• Psychosocial distress Screening
• Survivorship Care Plan
• Genetic Assessment and Counseling
• Palliative Care Services
The vision of the NH CCC is for cancer incidence, morbidity, and mortality to be significantly reduced or completely eliminated and for the people of New Hampshire to enjoy a healthy quality of life.

Together-Eliminating Cancer
NEW HAMPSHIRE COMPREHENSIVE CANCER CONTROL PLAN

For a disease as complicated and far-reaching as cancer, one person, one team, or even one organization cannot hold all the answers.

But together, our potential is boundless.

The New Hampshire Comprehensive Cancer Collaboration brings together knowledge and resources to address cancer statewide.
• NH CCC identified 33 objectives to reduce the burden of cancer statewide described in detail in the *New Hampshire Comprehensive Cancer Control Plan 2010-2014*.

• Five work groups are responsible for implementing the objectives of the Cancer Plan. Work Groups include Primary Prevention, Prevention and Early Detection, Treatment and Survivorship, Palliation, and Emerging Issues.

• NH CCC brings together partners from national, state and local health organizations; community service organizations; cancer survivors; and individuals who work together to share knowledge and resources to address cancer statewide.

• With a disease as complicated and far-reaching as cancer, one person, one team, or even one organization cannot hold all the answers. But together, our potential is boundless.
We have begun to tackle the laudable goals set out by the Commission on Cancer to meet the standards in our 9 accredited Community Cancer Programs.

Our Annual Conference is dedicated to informing our members and the public about the new standards.
New Hampshire Comprehensive Cancer Collaboration
7th Annual Conference

Cancer Survivorship: Four-Dimensional Approach To A National Challenge

Wednesday, March 21, 2012
8:00 a.m. to 4:00 p.m.
Courtyard by Marriott
Grappone Conference Center
Concord, NH
# NH CCC 7th ANNUAL CONFERENCE

**Cancer Survivorship: Four-Dimensional Approach To A National Challenge**

## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Event/Details</th>
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<tbody>
<tr>
<td>8:00</td>
<td>Registration</td>
</tr>
</tbody>
</table>
| 8:30  | Welcoming Remarks  
New Hampshire Comprehensive Cancer Collaboration (NH CCC) Year in Review  
Nancy Kane, MS, RN, AOCN  
Concord Hospital, Board Chair of NH CCC  |
| 9:15  | Advancing a Quality of Life Agenda: Innovation, Ingenuity & Advocacy  
Rebecca Kirsh, JD  
Director, Quality of Life & Survivorship  
American Cancer Society  |
| 10:00 | Networking Break/Visit Exhibits & Lilly Oncology  |
| 10:30 | Commission on Cancer 2012 Patient-Centered Standards  
Diana Dicksion-Wittmer, MD, FACS  
Vice-Chair of Commission on Cancer (CoC) 2012 Standards Revision Committee  
Teresa Ponn, MD, FAC S  
NH State Chair, CoC  |
| 11:30 | Morning Breakout Sessions: A, B, C, D  
Practical Resources to Address the Four Dimensions of Survivorship  |
| 12:30 | Afternoon Breakout Sessions: E, F, G, H  
(Morning Breakout Sessions Repeated)  |
| 2:30  | Reconveni/Activity Break  |
| 2:45  | Cancer Survivors Can! LIVESTRONG® at the YMCA  
Judy Contro, Coordinator, LIVESTRONG® at the YMCA of Greater Providence, RI  |
| 3:45  | Wrap-up & Evaluations  |

Management services for the NH CCC are provided by the Foundation for Healthy Communities

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**Morning & Afternoon Breakout Sessions:**

**Practical Resources to Address the Four Dimensions of Survivorship**

### Physical

- **B. & F. Implementing Distress Screening in Your Facility—Keeping it Simple and Meaningful**
  - Panel Facilitator: Christine Howard, MSW, LICSW, Oncology Resource Coordinator, Elliot Regional Cancer Center
  - Natalie Reibel, MD, Resident in Preventive Medicine and Psychiatry, Dartmouth-Hitchcock Medical Center
  - The Dartmouth Institute for Health Policy and Clinical Practice
  - Barbara Umanzor, OSW-C, The Lahey Center for Oncology and Hematology at Parkland Medical Center

Participate in an interactive discussion about implementing distress screening; who will do it, when the screening should take place, what tool to use, and how to document and monitor that screening and follow-up are taking place.

### Psychosocial

- **C. & G. Supporting the Search for Meaning Among Cancer Survivors**
  - Panel Facilitator: Karen A. Skalla, MSN, APRN, AOCN, Oncology Nurse Practitioner, Dartmouth-Hitchcock Medical Center/Norris Cotton Cancer Center
  - Connie Moser, M.Div., Spiritual Counselor/Rehabilitation Program Coordinator, Bayada Hospice, VT
  - Timothy Wildman, D.Min., Licensed Pastoral Psychotherapist
  - Nancy Wood, M.Div., BCC, Cheshire Medical Center/ Dartmouth-Hitchcock Keene

Learn about patterns among the spiritual journeys of cancer survivors and explore ways to facilitate spiritual growth by utilizing a variety of spiritual care providers. Indicators for referrals and local resources will be reviewed.

### Spiritual

- **D. & H. Social Security Disability Insurance Options, Pharmaceutical Assistance for Patients**
  - Michael D. Wilmoth, Esq., Principal & Chief Development Officer, Advanced Patient Advocacy, LLC
  - Help your patients and their families gain the financial assistance, medical coverage, and prescriptions they need to fight cancer. Learn more about the Social Security disability process and how your patients may qualify for coverage through Social Security assistance programs.

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NHCCC

• Our Treatment and Survivorship Workgroup has developed and is piloting Survivor Summaries for Medical and Radiation Oncology patients.
CANCER TREATMENT SUMMARY
Medical Oncology

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Primary Care Physician:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Ph:</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Stage:</td>
<td>Treatment Start Date:</td>
</tr>
<tr>
<td>New ☐ or Recurrence ☐</td>
<td>End Date:</td>
</tr>
<tr>
<td>Treatment Intent: Curative ☐ or Control ☐</td>
<td></td>
</tr>
</tbody>
</table>

Cancer Treatment Providers:

<table>
<thead>
<tr>
<th>MED ONC</th>
<th>Ph:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED ONC APN/RN</td>
<td>Ph:</td>
</tr>
<tr>
<td>RAD ONC</td>
<td>Ph:</td>
</tr>
<tr>
<td>RAD ONC APN/RN</td>
<td>Ph:</td>
</tr>
<tr>
<td>Surgeon</td>
<td>Ph:</td>
</tr>
</tbody>
</table>

Surgical Procedure: Date:
Surgical Procedure: Date:

Clinical Trial: Yes ☐ or No ☐ If Yes, Protocol Name?

Chemotherapy/Biotherapy/Treatment Plan

| Venous Access: | Peripheral ☐ Port ☐ PICC ☐ Central Line ☐ Other: ☐ | BSA: |
|----------------|-----------------------------------------------------|
| Agent/Protocol | Route | Dose (mg/m2, AUC, mg/kg) | # of Doses |
|                |       |                          |            |
|                |       |                          |            |
|                |       |                          |            |

Total Anthracycline Dose if applicable: ________________

Ongoing Side Effects/Complications:

Referrals: ☐ Social Worker ☐ Tobacco Cessation ☐ Nutrition ☐ Rehab Services ☐ Counseling ☐ Other
☐ Spiritual Care ☐ Palliative Care Advanced Directives Completed? Yes ☐ No ☐

Comments/Other:

Next Oncology Follow-up Appointment Date: WITH Provider Name:
Summary Completed By: Date:
Physician/PA/APRN Signature: Date:
Why a Cancer Treatment Summary?

The purpose behind a cancer treatment summary is threefold:

- to present your medical information in a clear concise manner,
- to allow you to share your cancer treatment information with your physician and other medical providers, which in turn opens up the lines of communication, and
- to insure accurate tracking of chemotherapeutic medications that you have received which may cause long term side effects

Being diagnosed with cancer is an overwhelming experience. You receive a lot of information during your treatment, and you may have difficulty retaining all this information. A treatment summary can assist you with remembering details about your treatment.

What About a Care Plan?

You may also discuss a care plan with your doctor. A care plan may contain everything your treatment summary contains, but it is also an overview of what issues may develop from your cancer treatment. A care plan can help you alleviate many fears you may have surrounding your cancer diagnosis and treatment, and can help you feel safer about your health.

Some of the important information that should be included in a treatment summary and/or care plan includes:

- the cancer diagnosis,
- specific information about your treatment,
- referrals to outside assistance,
- information about how to live a healthy lifestyle, specifically pertaining to the cancer diagnosis,
- information about side-effects from treatment, and
- information about what future screenings you require, and when you should have these screenings.
NHCCC Cancer Plan

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NHCCC

- Survivorship and Treatment Workgroup was involved in a state-wide survey to identify needs of NH patients. Spearheaded by Norris Cotton, the study was just accepted for publication in a Nursing Informatics journal.

- The NHCCC was instrumental in this survey.
Foundation for Healthy Communities receives national grant for end-of-life care

CONCORD - The Foundation for Healthy Communities has received a three-year national grant for the development and implementation of a new program in New Hampshire known as Provider Orders for Life-Sustaining Treatment (POLST).

- The State Coalition Advancement Grant, funded by the Oregon Health & Science University’s Center for Ethics in Health Care, is one of just five to be issued nationwide.

- “POLST was launched in Oregon 20 years ago,” said Shawn LaFrance, executive director of the FHC, “and it enables patients to document their choices – to have full treatment or to decline treatments – in the form of medical orders. In doing so, POLST increases the likelihood that a patient’s wishes will be honored in the event of a life-threatening emergency.
NHCCC

- Palliative Care Workgroup has developed a Palliative Care Video on our website for the members and the public.
Palliative Care

*Improving Quality of Life for People with Cancer and Other Advanced Illnesses*
What is Palliative Care?

• Provides treatment of pain and other symptoms
• Maximizes your comfort and quality of life
• Includes open discussion about treatment choices
• Coordinates with all your health care providers
• Provides emotional support
How is Palliative Care Different from Hospice Care?

• Palliative care is available any time during your illness
• Palliative care does not limit other treatments
• Hospice Care is part of Palliative Care
• You do not have to be at the end of your life
Who Benefits from Palliative Care?

• Diagnosed with cancer or other advanced illness
• Suffers from pain or other symptoms
• Experiences physical or emotional distress
• Needs help understanding the diagnosis
• Requires assistance managing care
A Team Approach to Care

- Palliative care doctors and nurse practitioners (APRNs)
- Palliative care nurses
- Social workers
- Chaplains
- Pharmacists
- Nutritionists
- Counselors
- Physical Therapists
Don’t Wait...

Ask for Palliative Care and start feeling better now.
More Information

NH Comprehensive Cancer Collaboration
www.nhcancerplan.org
(603)415-4276

NH Hospice & Palliative Care Organization
www.nhhpco.org
(603)415-2498
Lessons Learned

Survivorship Treatment Summary

• Staying on topic and keeping the form manageable was difficult
• Having resources to review and test the form was invaluable (oncology nurses)
• They found it gave the patients a chance to ask good questions about their treatment and was very well received
Lessons Learned Continued

Palliative Care Video

• Scripting the video and using professional videographers made a huge impact
• Simple messages are best
• Unexpectedly, they found the video worked equally well for patients, their families, and hospital staff unfamiliar with palliative care
NHCCC

In Summary

NHCCC is working to help NH hospitals achieve compliance with the new CoC 2012 Standards.
Questions?
Please submit your questions for the presenters by dialing *1 or by using the Q&A feature at the top of your screen.

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Continue the discussion online at:

http://researchtoreality.cancer.gov

Mark **Tuesday, February 21, 2:00-3:00pm EST** on your calendars for our next cyber-seminar which will explore the PARTNER Tool, new resource to help organizations evaluate their partnerships.

Registration Coming soon!