

ASSOCIATION OF CANCER EXECUTIVES UPDATE

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Reminder:
ACE 2018–2019 Membership
Dues drive begins June 1, 2018



The Role of the Oncology Nurse Navigator and Care Coordination

BY TRICIA STRUSOWSKI AND ALINA MALESKI SMITH

The landscape of cancer care delivery and reimbursement is changing. One of the most significant trends driving this change is the shift among payers to value-based reimbursement. Providers are expected to deliver better care by supplying patients with around-the-clock access to their care team, increasing shared decision making regarding treatments, and improving patient outcomes and experiences all while lowering operational and treatment costs.

Recognizing these trends, a handful of providers and payers have teamed up to pilot new models of care that focus on proactive outreach. Staff members contact patients more often, inquiring about side effects, symptoms of depression, compliance with medications, and other issues. Across the board, these programs demonstrate the positive impact of navigators, extended hours, and care management teams.

The Oncology Patient-Centered Medical Home (OPCMH) model is a physician-driven, patient-focused model of care that enhances value for patients, payers, and providers by improving quality and controlling unnecessary costs. This model has built a strong business case for linking consistency of services to improved outcomes, resulting in a 51% drop in Emergency Department (ED) visits, a 68% drop in inpatient admissions, and 95% adherence to NCCN guidelines for first line therapy.

The COME HOME project began in 2012, when Dr. Barbara McAney and Innovative Oncology Business Solutions were awarded a \$20M grant from the CMS to develop a community oncology medical home and implement it in seven practices across the country. Like the OPCMH, the continued goal of the COME HOME project is to improve health outcomes, enhance patient care experiences, and significantly reduce costs of care. Largely due to investments in services like navigation programs, these goals are achieved through improvements in timeliness and

coordination of care, and by keeping patients out of the ED/hospital as much as possible.

With the demonstrated success of the first two projects, the CMS developed a third pilot payment model, the Oncology Care Model (OCM), which aims to provide higher-quality, more coordinated oncology care at the same or lower cost to the CMS. Practices participating in the OCM are required to commit to implementing six practice redesign activities:

1. Patient navigation
2. 24/7 clinician availability with real-time access to patients' medical records
3. Use of data for continuous quality improvement
4. Certified HER technology
5. Individualized care plans with the 13 components in the Institute of Medicine Care Management Plan
6. Therapies compliant with nationally recognized clinical guidelines

Through OCM participation, the CMS provides an additional Monthly Enhanced Oncology Services (MEOS) payment for each patient in active cancer treatment, which allows practices to invest in these activities to decrease the overall cost of care.

The medical neighborhood in a clinical community is a fourth model that includes co-located medical, behavioral health, and social/community services to ensure comprehensive and coordinated patient care delivery. Some organizations call it the "Medical Home on steroids," as it is essentially an expansion of the OPCMH, with the same foundation and key competencies. The medical neighborhood takes the OPCMH to the next step, ensuring care coordination across all sites of care and across all providers involved in a patient's care. This leads to partnerships with physicians, specialists, skilled nursing facilities, home healthcare, hospices, and other local organizations to improve success rates in value-based care.

In each of the four models above, better patient care coordination is a clear objective. “Care coordination is a function that helps ensure that the patient’s needs and preferences for health services and information sharing across people, functions, and sites are met over time. Coordination maximizes the value of services delivered to patients by facilitating beneficial, efficient, safe, and high-quality patient experiences and improved healthcare outcomes.”¹

Care coordination is a pillar of navigation; by synchronizing care access across the continuum, navigators can reinforce patient education and empowerment, increase efficiency, reduce costs, and ultimately help ensure that the appropriate care is provided in the most cost-effective way.

A navigator’s roles and responsibilities for coordinating care include:

1. Managing the care of the patient and family from pre-diagnosis through survivorship or end-of-life care
2. Improving patient outcomes through education, support, and performance improvement monitoring
3. Collaborating and facilitating communication between patients, family/caregivers, and the healthcare team
4. Coordinating care among healthcare providers
5. Ensuring education and access to clinical trials
6. Providing cancer program and community resources to patients and family/caregivers
7. Participating in multidisciplinary centers, tumor conferences, and cancer committees
8. Providing emotional support for the patient, family, and caregivers

Coordinating patient care across all phases of the continuum is vital. A lack of organization can lead to missed opportunities for cancer centers, practices, and patients. Poor coordination during the diagnosis phase can lead to delays in treatment, missed appointments, or a lack of information for the patient and family/caregiver regarding the diagnosis and next steps. Poor coordination during the treatment phase can lead to increased ED visits, patient noncompliance, and missed opportunities for the patient or family/caregiver to receive additional support services (i.e., nutritional counseling or transportation issues). Lastly, poor coordination during the survivorship or end-of-life care phase can lead to missed handoffs for palliative care and trained survivorship staff, and patient noncompliance in follow-up surveillance guidelines.

From a care team perspective, navigators also play an important role in assisting providers. Frequently, physicians may not have much experience working with navigators and some upfront education about the navigator’s roles and responsibilities is required. In addition to patient coordination, navigators can assist hospital or private practice physicians with:

1. Conducting comprehensive patient assessments and recommending referrals to appropriate disciplines
2. Reinforcing physician–patient communications through decision aids and patient appointment checklists
3. Creating standing order sets, physician profiles, pathways, and/or guidelines with oversight from the physicians

4. Developing and tracking navigation-specific metrics to measure patient volumes and interventions provided
5. Monitoring treatment pathways to ensure they follow national standards and guidelines
6. Introducing the topics of palliative care, goals of care, and pre-rehabilitation early in the patient’s treatment process
7. Providing treatment summaries and survivorship care plans to patients finishing treatment

Ultimately, navigation and increased care coordination is a growing component of value-based cancer care. National organizations have also increased their focus on navigation. Through a special task force, the Academy of Oncology Nurse & Patient Navigation (AONN+) recently created navigation-specific metrics to assess the value and impact of navigation programs. The American Cancer Society is creating a National Navigation Roundtable charged with advancing navigation efforts to eliminate barriers to quality cancer care, reduce disparities in health outcomes, and foster ongoing health equity.

Care coordination is a key foundation for any cancer program or physician office. Through various responsibilities, navigators can provide best practice assistance to patients and their family/caregivers and should be incorporated into any program that seeks to provide better care at a lower cost.

Sources:

¹ National Quality Forum 2006, <https://www.ncbi.nlm.nih.gov/books/NBK44012/>

Upcoming Events



A Tribute to Marsha Fountain Woznuck . . . As We Remember Her



ACE leadership lost a Founding Member of our organization. Marsha Fountain was a loving wife, sister, aunt, cousin and special friend, in addition to being a proud Texan. She enjoyed her family foremost; they meant the world to her. She and her husband, Steve, loved watching sunsets and snowfalls, hiking and camping in New Mexico, as well as traveling with family and friends. She had an infectious smile, exceptional generosity, a great memory and a special sense of humor.

Her major challenge this past year was dealing with a breast cancer recurrence. Although very optimistic that the clinical trial and new medication would slow or halt the progression, Marsha's courageous battle with cancer ended on January 7th.

Marsha was one of the founders and Past-President of the Association of Cancer Executives in 1994. Her commitment to professionalizing the field of cancer center leadership is reflected in her helping to establish ACE and remaining actively involved in its leadership and committees. Her intelligence, wide range of experience and curiosity were hallmark traits.

Marsha began her career as a pediatric oncology nurse, then migrated into cancer

program administration. She was a pioneer in cancer patient advocacy. Her clinical background and expertise resulted in frequent inquiries from other cancer center leaders throughout America. She was a strong advocate for improved access to quality cancer care, and creation of much-needed cancer support programs and services. Marsha rose from the ranks to become the president of a nationally recognized cancer program consulting firm.

Her compassion and desire to help others led to a consulting career focused on oncology strategic planning, turnarounds, development of breast centers, creation of cancer "patient-centered" spaces, drilling down on physician contracting, and maximizing oncology reimbursement. Marsha became one of our top cancer program consultants.

Today, Marsha's thumbprints are on many of the most progressive and innovative cancer centers in the US. She had a long history of doing the right things right! She was an exceptional communicator with a laser focus and a special approach to dealing with clients and their issues.

Marsha was a professional colleague and a special friend. She and her million dollar smile will be missed by many who knew and loved her.

A vertical advertisement for Accuray. At the top, the text "INNOVATING" is in a small, blue, sans-serif font. Below it, "patient-first" is written in a large, blue, cursive script. Underneath that, "CANCER TREATMENT" is in a small, blue, sans-serif font. A thin horizontal line separates this from the Accuray logo, which consists of a stylized blue and white graphic followed by the word "ACCURAY" in a bold, blue, sans-serif font. Below the logo, the text "Learn how Accuray cancer treatment breakthroughs help our customers improve outcomes for patients." is written in a blue, sans-serif font. At the bottom of the ad is a blue rounded rectangle containing the text "VISIT ACCURAY.COM" in white, sans-serif font. The background of the ad is white, with a decorative blue and white topographic pattern in the bottom right corner.

INNOVATING
patient-first
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Learn how Accuray
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improve outcomes
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ACE 2018 Annual Meeting Wrap-Up

The Association of Cancer Executives (ACE) 24th Annual Meeting held January 28–30 2018 in Portland, Oregon was a great success. The meeting was held at The Nines Hotel in Portland and it was the first ACE Annual Meeting to be held in the Pacific Northwest. Attendance was the highest it has been in five years and ACE staff had to take exhibitor application form offline due to vendor demand for a place in the expo hall.

The annual meeting was led by Teresa Heckel, T&C Consulting, and the conference planning committee which was comprised by:

- Wendy Austin, Executive Director and Division Administrator, University of TX MD Anderson Cancer Center
- Christopher Bianca, Director, Oncology Service Line, UC Health Memorial Hospital
- Nancy Bookbinder, Oncology Resource Consultants
- Steven Castle, Chief Operating Officer, Community Health Systems
- Cindy Chavira, Service Line Director Samuel Oschin Comprehensive Cancer Institute, Cedars Sinai Medical Center
- Stephanie Clayton-Hobbs, Associate Vice President, University of Texas Southwestern
- Michael Darling, Associate Director for Administration, Indiana University Simon Cancer Center
- Ron DiGiamo, President & CEO, Revenue Cycle Inc.
- Mary Greenberg, Vice President Service Lines & Business Development, Adventist Health Care
- Shreya Kanodia, PhD, Associate Director, Samuel Oschin Comprehensive Cancer Institute, Cedars Sinai Medical Center
- Brian McCagh, Executive Director, Greater Baltimore Medical Center—Berman Cancer Institute
- Tammy McClanahan, System VP Cancer Service Line, Norton Cancer Institute
- Ollieta Nicholas, Department Administrator, University of TX MD Anderson Cancer Center
- Jeff Reynolds, Business Partner Senior Specialist, UK Healthcare Markey Cancer Center
- Diane Schulte, Strategic Marketing Manager, Genomic Health Inc.
- Kelley Simpson, Senior Partner, Oncology Solutions
- Matt Sturm, Associate Principal, ECG Management Consultants
- Ted Yank, Associate Director for Administration, Dan L Duncan Comprehensive Cancer Center at Baylor College of Medicine

The conference planning committee implemented several new things for the annual meeting this year and possibly the most noticeable for attendees was

the different amount of time for sessions. Several sessions were thirty minutes in length and each monitored closely by session moderators. The planning committee also solicited feedback from the ACE membership and past annual meeting attendees to help build an agenda that will help further the education for attendees.

The annual meeting began with a great presentation from one of the keynote speakers Richard Wender, Chief Cancer Control Officer, American Cancer Society. The meeting continued with sessions on Staffing Models, Telehealth, Patient Navigation, Capital Planning, Patient Experience, Physician Productivity Measures, 340b Updates, MACRA's & ACO's, Value Based Cancer Care, Oncology Care Model and many more! ACE was also thrilled to welcome Dr. Brian Druker, MD, OHSU Knight Cancer Institute. Dr. Druker delivered a powerful inspiring keynote presentation during Day Two luncheon session.

Attendees were also able to visit the ACE Expo Hall which featured some of the best services/products in oncology.

We thank everyone involved with the 2018 Annual Meeting on a very successful meeting. We now begin to look forward to the 25th Annual Meeting to be held in Charleston, SC at the Charleston Place Hotel. This marks the third time ACE will visit Charleston Place Hotel.

