



NCI Community Cancer Centers Program Pilot Work Plan and Deliverables Summary

Disparities

INTRODUCTION: The NCI Community Cancer Centers Program (NCCCP) pilot research initiative will explore the development of a national network of community-based cancer centers. The focus of the pilot will be to research how best to accomplish the following:

- increase accruals to NCI-sponsored clinical trials, especially for underrepresented and disadvantaged populations;
- develop new or expanded programs to reduce cancer health disparities by increasing cancer services to the uninsured, underrepresented, and disadvantaged populations for prevention, screening, treatment, follow-up care, palliative care, survivorship plans, and end-of-life care;
- increase knowledge of infrastructure requirements, necessary interfaces, and applicability of specific components of caBIG™ for community hospital settings, and increase implementation of electronic medical records and exploration of the application of electronic medical records in the provision of cancer care;
- increase knowledge of infrastructure requirements, policies and procedures, costs, and other issues (e.g. collaborations or contracts necessary for biospecimen collection, annotation and storage) required for implementation of NCI Best Practices for Biospecimen Resources, thus enabling community hospitals to participate in biospecimen initiatives that will advance the NCI's research agenda.

The NCCCP pilot will incorporate key NCI initiatives into the examination of a model for hospital-based community cancer care to include the four focus areas listed above. In addition, there is interest in exploring the following special areas of interest that could serve to enhance the model:

- Models for effective linkages with NCI-designated cancer centers or academic medical research institutions that would support the program goals;
- Effective linkages with state-sponsored cancer initiatives (e.g. State Cancer Plans);
- The potential benefit of participation in healthcare information technology initiatives such as a RHIO (Regional Health Information Organization) or similar initiative;
- Working with providers to examine the potential for the development of new reimbursement models for cancer prevention, screening and treatment;
- Models for survivorship plans that would support the overall goals of the program;
- Exploration of the benefit of linkages with the NCI-sponsored Cancer Expert Corps, a program under development, to bring cancer expertise to locations where there is a gap in a needed service;
- The value of a knowledge exchange network for community hospital-based cancer providers;
- Models for co-investment with the NCI to broaden the effective reach of the NCI research programs;
- Models of multidisciplinary cancer care that incorporate the continuum of services including early detection, prevention, therapy, survivorship follow-up and end-of-life support programs;
- Working with providers that have developed successful approaches for accrual of patients into NCI-sponsored clinical trials. NCCCP pilot sites are not expected to encompass all areas of special interest;
- Programs in locations where the population has significant hardships affecting access to healthcare; and
- Whether selecting a site that is part of a national health system might speed the replication of a successful model.

WORKSCOPE: Ideally, to effectively address cancer healthcare disparities across the full continuum of cancer care, including risk assessment, prevention, screening, treatment, follow-up care, palliative care, and appropriate end-of-life care, it is recognized that a coordinated and broad-based community approach is required. These efforts should include primary care physicians, public health departments, community health clinics, school-based programs, social services, cancer physicians and cancer programs, hospitals, and other related community-based programs with an infrastructure to coordinate activities and track progress. One of the pilot goals is to seek broad-based and sustainable models that include public/private partnerships to address the unmet healthcare needs of the community, particularly those of the uninsured, and underrepresented and disadvantaged populations.

A successful model will have health screening with an information technology component, will incorporate metrics and methods of evaluation, and will have demonstrated efforts to track and measure improved healthcare outcomes. The model should show evidence of being able to be replicated in other locations and must reflect a sustainable and ongoing commitment of direct financial resources (including foundation support) to support the programs. Participation in NCI-sponsored healthcare disparities programs is also another important objective. Pilot sites will collaborate to determine if successful programs can be replicated at additional pilot sites. The organization will participate in routine conference calls with the NCI and SAIC-Frederick staff, to include representatives from the entire pilot group.

The pilot may include a quality-of-care study, such as one for colorectal cancer, which is the second leading cause of cancer deaths in the United States.

Key Disparities program areas include Outreach and Patient Navigation. Within each area, research questions include:

- Outreach – Getting people to primary and secondary cancer prevention (e.g., cancer awareness, smoking cessation, mammography, pap smear/HPV vaccination, colorectal cancer screening, PSA testing)
 - Can increasing community partnerships increase screening rates?
 - Can increase in primary care provider linkages and recommendations increase screening rates?
 - Can increase in screening resources and capacity increase screening rates?
 - Can increased community/hospital partnerships decrease patient risk factors (e.g. smoking, diet and exercise)?
- Patient Navigation – Helping patients navigate the health care system from time of abnormal finding through treatment
 - What are the barriers and what are the solutions to those barriers?
 - Does navigation affect time from abnormal screening to resolution of abnormal finding; from diagnosis to treatment?
 - What is the overall impact of patient navigation on reducing health disparities?
 - What is needed to ensure patient navigator program sustainability?
 - What is the most effective navigator model (e.g. educational level of navigator, hospital involvement)?

Research questions across all pilots will also include the following:

- How has the existence of community cancer centers changed the patient census and/or improved access to care?
 - Access patterns at base-line (e.g. patients being treated at distant NCI designated cancer centers, physicians' offices, general hospitals, or no care provided).
 - Access patterns post pilot (e.g. primary-care physician referrals, increased patient census, effect on wait times for appointment).

- Has increased access to treatment resulted in:
 - Increased screening rates?
 - Decreased stage of cancer detected?
- How do the pilot hospitals provide for the uninsured and the underinsured?
- How do the pilot hospitals implement the policy “those screened for cancer will receive treatment, if needed”?
- How do the pilot hospitals allocate 40% of the funding to disparities?

DELIVERABLES: The organization will provide quarterly reports and a final report and will demonstrate documented improvement in health screening activities and outreach to community members including those of racial/ethnic minorities, and low socioeconomic status, and those who are medically underserved and disadvantaged. They will have a policy that all patients who are screened will be treated with appropriate follow-up care and will provide documentation that this policy has been implemented. Specifically, an increase in the number of prevention and screening programs and other early detection activities will be required. The organization will document increased partnering with local community organizations, government and non-government, and diagnostic and treatment services. A baseline will be set at the beginning of the pilot and tracked for improvement over the course of the pilot and incorporated into a final report. The organization will provide information on direct financial investment to outreach programs as a baseline and will demonstrate an increase or no diminishment of that financial support over the course of the pilot. The organization will also track the requirements for increased capacity to treat potential increase in cancer patients treated due to screening ascertainment. A framework for examining the most effective methods for achieving improvements in the reach and effectiveness of these outreach programs will be established in year one. Quarterly reports should monitor progress towards achieving year 1-3 activities and should discuss plans for improving performance when achievement of activities is delayed – problems and potential solutions should be highlighted. The pilot sites will also develop a joint report that will be a collection of successful approaches for community cancer centers to improve outreach and address healthcare disparities.

TIMELINE – MAJOR ACTIVITIES AND SAMPLE METRICS:

YEAR 1
Outreach
Obtain baseline metrics – complete a baseline assessment survey
Develop the more detailed disparities work plan, in conjunction with the NCI Advisory Committee’s Disparities subcommittee, to include activities and metrics leading towards reduction in disparities
Define and assess effectiveness of process utilized to determine community health needs... provide information on the population and the racial/ethnic and socioeconomic status make-up of the market, and a summary of any studies that have been conducted to examine the healthcare needs of the community (e.g., utilization of the CIS Consumer Health Profiles)
Define the pilot hospital population baseline by racial/ethnic minority population and low socioeconomic status groups
Identify community leaders and organizations describing their organization’s mission and experience with the disparate population. Identify those with formal relationships with the pilot hospital.
Identify primary prevention activities (e.g. smoking cessation, diet and exercise, cancer awareness, HPV vaccination, Hepatitis B)

Describe and assess culturally appropriate materials & delivery systems which are utilized
Identify hospital financial and personnel resources that are allocated to improving access to services for racial/ethnic minority and medically underserved populations
Establish a process to elicit the recommendations/feedback of primary care providers, including those at Community Health Centers, relative to health screening programs and follow up
Identify the extent of collaborations with other NCI programs on disparities (e.g., Community Networks Program, Patient Navigator Research Program)
Identify extent of current activities with Cancer Information Service
Identify access patterns of cancer patients within catchment area (e.g., pilot hospital, remote NCI Designated Cancer Center, physician's office, other regional hospitals, no care provided).
Participate in the formal program evaluation – complete a baseline assessment
Patient Navigation
Characterize existing patient navigation activities (Number of Navigators, education level of Navigators, number of patients navigated, stages at diagnosis, time from abnormal finding to resolution, diagnosis to initial treatment, diagnosis to completion of initial treatment).
Identify barriers addressed by patient navigation program and solution used.
Identify average wait time for screening and treatment of adverse findings
YEAR 2
Outreach
Formalize infrastructure and expand community partnerships to reach disparate populations
Increase culturally appropriate cancer educational activities; increase understanding of barriers/facilitators to access to care experienced by target population.
Increase the number of racial/ethnic minority and low socioeconomic patients served
Increase screening recommended and cancer referrals by primary care providers
Increase primary and secondary prevention use for smoking cessation, and early detection tests for mammography and clinical breast exam, pap smears, colorectal cancer screening and PSA test
Increase collaborations with other NCI programs on disparities, such as Community Networks Program
Increase in activities with Cancer Information Service
Participate in the formal program evaluation
Patient Navigation
Increase effectiveness of patient navigation program
Reduce loss-to-follow-up for patients with adverse screening; decrease time from adverse screening to resolution (diagnosis and/or treatment)

Increase training to patient navigators
Participate in the formal program evaluation
Establish programmatic activities designed to sustain patient navigation program

YEAR 3

Outreach

Expand and focus educational activities to achieve targeted goals based on feedback processes

Link receipt of educational materials to prevention and screening behaviors

Expand/strengthen community infrastructure and partnerships, including collaborations with other NCI programs on disparities, such as Community Networks Program, to address pilot goals for healthcare disparities with a goal of demonstrating improved/increased prevention and education programs

Assess the feasibility of an IT program to support community-wide outreach efforts (e.g., a reminder system for screening, reporting results to patients, linkage between hospital and clinics and private practices, language interpretation, navigation enhancements).
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Examine the impact of primary care provider (PCP) education/coordination on increased primary and secondary prevention activities and hospital referrals.

Develop an individual and a joint report with other sites that will be a collection of best practices approaches for community cancer centers to improve outreach and address healthcare disparities
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Expand and strengthen activities with Cancer Information Service
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Participate in the formal program evaluation
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Retain/expand hospital capacity to screen and treat additional patient census

Patient Navigation

Examine the impact of patient navigation program on improvement of cancer care
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Develop an individual and a joint report with other sites that will be a collection of successful approaches for community cancer centers to improve outreach and address healthcare disparities
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Participate in the formal program evaluation
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Ensure mechanisms for sustainability of patient navigation program
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Sample Metrics (Final metrics for each pilot organization will depend on the capabilities of each site and will be formalized in Year 1, as the work plan is developed in conjunction with the NCI Program Advisory Committee's Disparities subcommittee.)

AREA	YEAR 1	YEAR 2	YEAR 3
Outreach			
Community Partnerships	Organizations Identified Create 2 New partnerships Plan infrastructure	Formalize 5 new partnerships Launch infrastructure	Formalize 10 new partnerships Implement and Expand infrastructure and consider IT
Primary & Secondary Prevention	Baseline rates Increase screening &/or cessation 10%	Increase screening &/or smoking cessation 25%	Increase screening &/or smoking cessation 50%
Culturally Appropriate Materials	Identify existing materials Develop material, if necessary	Develop and Test new materials Disseminate through partners	Assess the impact of materials
Increase Screening Resources, including linkages to other resources	Baseline identified, Increase, capacity or programs 10%	Increase, capacity or programs 25%	Increase, capacity or programs 50%
Primary Care Providers Recommending Screening	Elicit feedback from Providers Increase referrals/recommend 10% CME offered	Increase referrals/recommendations 25% Continue CME and feedback loop with primary care providers	Increase referrals/recommendations 50% Assess if CME increased screening or improved follow up
Role of Community Based Organizations	Identify population Identify activities & needs	Leverage role of organizations by 25%	Leverage role of organizations by 50%
Cancer Education Activities	Survey Increase by 10%	Increase by 50%	Increase by 100%
Collaborations with other NCI Disparities Programs, e.g., CNP	Collaborations with 1 NCI disparities programs (e.g., CNP, PNRP, Centers for Population Health and Health Disparities, MI/CCP)	Collaboration with a total of 2 NCI disparities programs	Collaborations with a total of 3 NCI disparities programs
Activities with Cancer Information Service	Baseline collaborations with CIS identified. Project outcomes demonstrated	Worked with or attended training by regional CIS Partnership Program such as Clinical Trials, Comprehensive Cancer Control, or evidence-based program planning	Jointly planned at least one train the trainer session with regional CIS Partnership Program staff on Clinical Trials

Patient navigation	YEAR 1	YEAR 2	YEAR 3
Number of patients navigated	Survey Increase by 10%	Increase by 25%	Increase by 50%
Number of navigators	Survey Increase by 10%	Increase by 25%	Increase by 50%
Time from abnormal finding to resolution	Survey Decrease by 10%	Decrease by 25%	Decrease by 50%
Time from diagnosis to completion of initial treatment	Survey Decrease by 10%	Decrease by 25%	Decrease by 50%
Completion of initial treatment	Survey Increase by 10%	Increase by 25%	Increase by 50%
Stage at diagnosis	Survey	25% more early stage cancers	50% more early stage cancers