

CHI NCCCP SYSTEM PARTICIPATION

BECOMING A LEADER IN COMMUNITY- BASED CANCER CARE



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NCCCP Pilot: NCI and CHI Synergy

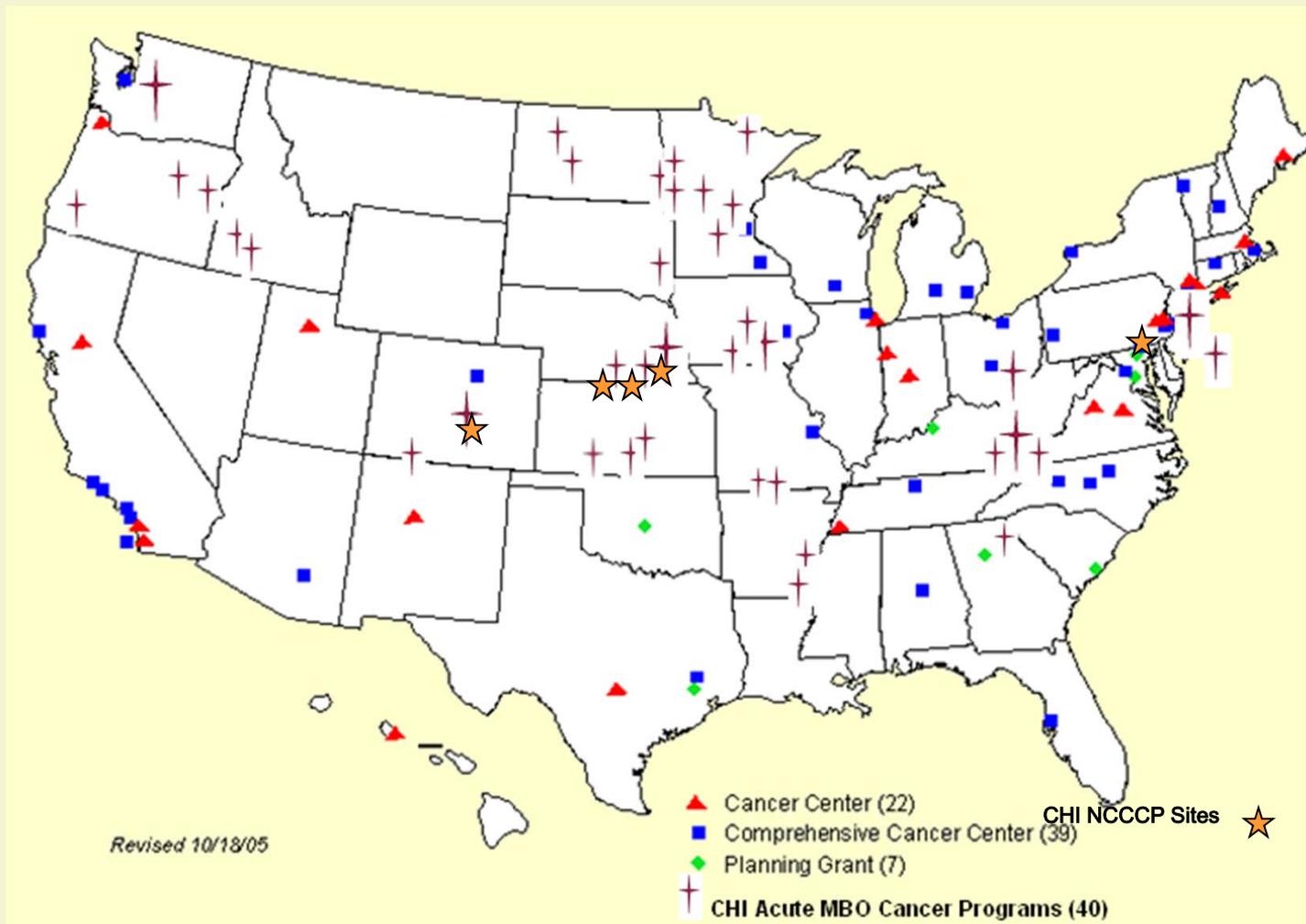
- Leadership Commitment
 - Management/clinical partnership for cancer
- National Infrastructure and Resources
- National system offers platform to disseminate new cancer model to all CHI Cancer Centers (CHON)
- Aim to revolutionize Community Cancer Care



Catholic Health Initiatives

- Microcosm of U.S. Healthcare System
 - 81 Hospitals with 45 Cancer Centers
 - 20 States - varied settings
- Nation's second largest Catholic healthcare system - not for profit
 - Approx. 500,000 annual acute care admissions
 - Approx. 66,000 full and part-time employees
 - \$797 M community benefit (11% total/revenue)

NCCCP Pilot: NCI and CHI Synergy



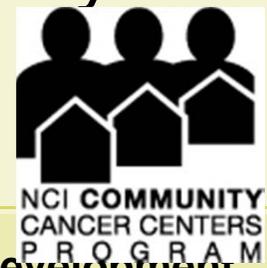
NCCCP Pilot: CHI Sites in Diverse Communities

- **St. Joseph Medical Center, Towson, MD:**
 - 35% African American
 - Highest incidence of thoracic malignancies
- **Penrose-St. Francis Health Services, Colorado Springs, CO:**
 - Medically Underserved designation in primary market area
 - MD shortage designation in primary care for low income populations
- **Nebraska Hospitals: Good Samaritan Hospital, Kearney; St. Elizabeth Regional Medical Center, Lincoln; Saint Francis Medical Center, Grand Island**
 - Large rural geographic areas with limited access due to distance, economic issues.
 - Limited number of available trials makes Nebraska a prime target for an increase in both trial numbers and participant levels.



NCI/CHI Public-Private Partnership

- Board commitment of \$25M to new R&D
 - Focus on approaches to transform healthcare delivery
 - Focus on rural markets
 - \$5 million in establishing Cancer Network
 - Integrated approach to clinical research activities
- NCCCP Award - \$500,000/year for 3 years
- CHI National/Local co-investment- \$3-4 M
- Implemented NCCCP/CHI-wide quarterly retreats on 6 program pillars



Year 1 Progress: Disparities



- **Outreach/Screening programs**

 - Expanded at all Sites

- **Partnerships** – Expanded all Sites e.g.

 - colonoscopy program to primary care clinics
 - churches/community orgs partnership for screenings
 - established city-wide breast cancer coalition
 - CIS training and collaboration

Year 1 Progress: Disparities



- Navigators
 - New Programs started at each Nebraska site
 - Expanded Programs all sites
 - Internal Research Study on Effectiveness
- New Grants/ External Funding
 - Maryland Regional Community Network- Dr. Claudia Baquet (UMGCC)
 - supplemental funding for Clinical Trials Minority accrual study
 - Esophageal cancer epidemiology grant- R 03
- Next system cancer retreat on Disparities

Year 1: Biospecimens



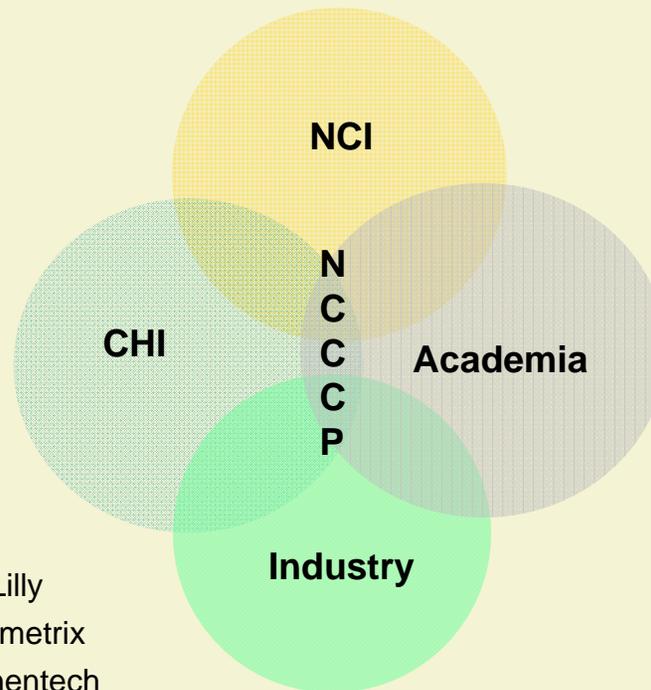
■ CHI Center for Translational Research

- CHI Board approved \$5 million for Tissue bank / Research lab
- Develop SOP, best practices as per OBBR
- Partner with industry, academia, NCI-designated Cancer Centers and other NCI/NIH programs
- TCGA collection site contract awarded \$1.2 million

Center for Translational Research Collaborators



- OBBR
- Intramural programs
- Advanced Technologies Center
- Laboratory of Human Carcinogenesis



- CHI Cancer docs
- CHI Pathologists
- CHI CEO's
- CHI Mgmt team

- Johns Hopkins Hospital
- Univ Maryland Med Ctr

- Eli Lilly
- Affymetrix
- Genentech
- Fisher Bioservices

QOC: Rationale for Multi-disciplinary Care

- One-stop shop; Centralized, easy access
- Longitudinal / Continuity of care
- Familiarity with team members
- Implement system where practitioners revolve around the patient
- Provide patient and family unified team approach / consensus
- Expedite consultation process

Cancer Patient

CHI designed/patented Infusion Chair



“Optimal” Multi-disciplinary Care Setting

Sharing best practices with QOC Committee

- Patient is the center of the experience
- The building or space is person-centered
- All team members revolve around the patient
- All physicians see the patient at one visit
- All support staff make contact at that visit
- Patients presented prospectively at conference on same day
- Coordinator to clarify plan, next steps that same day
- M.D. Conditions of participation – robust list of benefits

MDC - Overcoming Challenges through NCCCP

- Settings with private practice physicians
- Smaller markets have fewer providers/ MD time constraints
- Value of other specialties input
- Navigator Program/ coordinators/ cover over hundreds of miles
 - Physician needs
 - Research staff and Navigators meet patients at their office

QOC – MDC challenges in community, private practice settings

- Identify data for NCCCP measurement for community-based MDC Care
 - Time to diagnosis
 - Time to treatment
 - Outcomes
 - Demonstrate improved patient care
 - Demonstrate patient satisfaction
 - MDC, treatment summaries, improved processes
 - Increased referrals to physicians who participate



Year 1 Progress: Quality of Care



- Multi-Disciplinary Care (MDC)
 - CHI system-wide retreat on MDC best practices (Feb 08)
 - MDC conferences from 1 to 5/week
 - Developed business model for MDC with private practice physicians
 - Developing videoconference system

Year 1 Progress: Survivorship



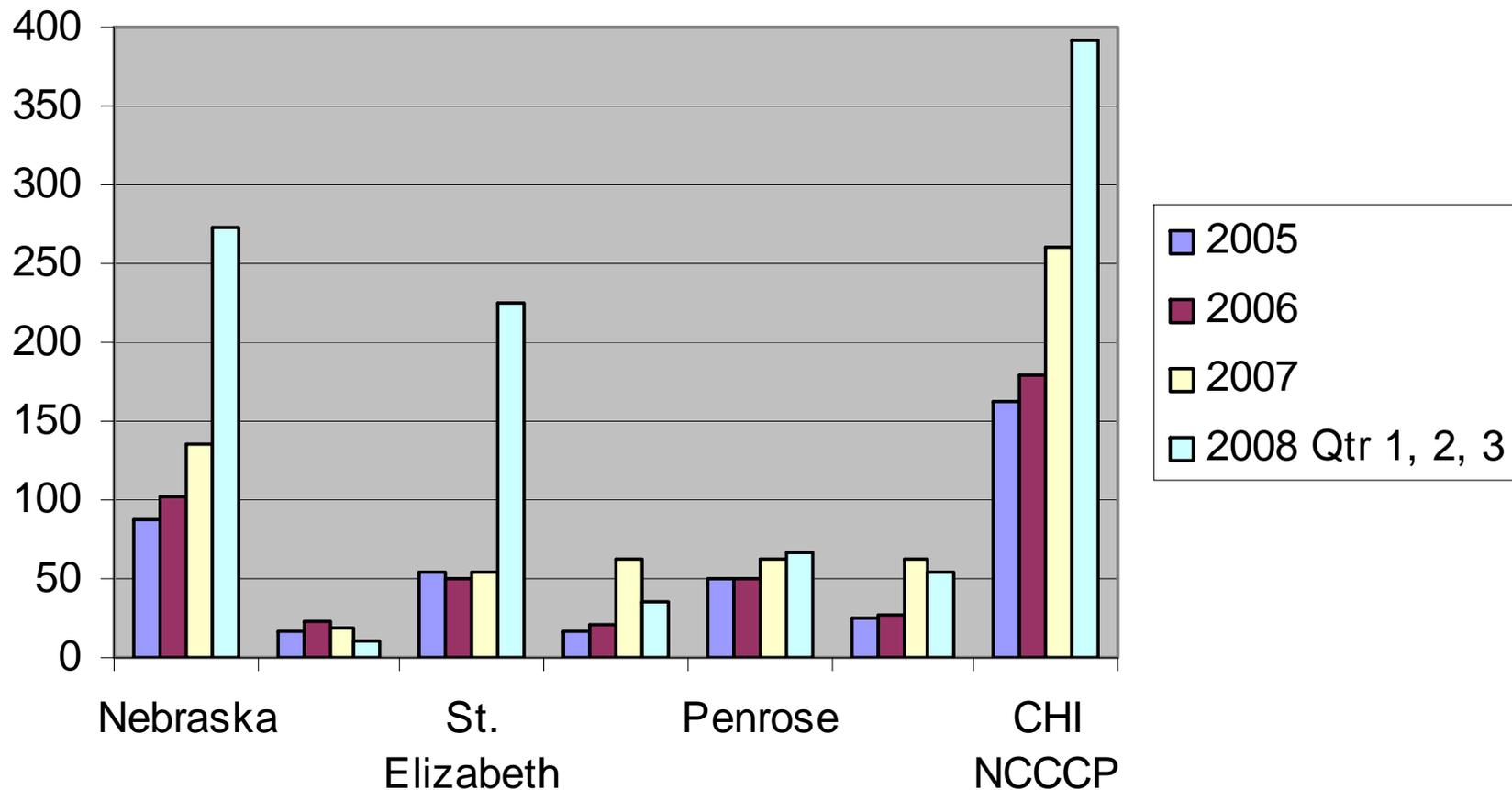
- Regional Survivor Support Groups
 - Videoconference support groups/education with all 3 Nebraska NCCCP sites and critical access hospitals resulted in increased attendance
- Opportunities to leverage grant funding
 - ACS, Komen, Lymphoma Society
- System Cancer Survivorship Retreat (8/2008)
 - CHI NCCCP and CHON Sites, Sanford Health
 - presentations by NCI, City of Hope, CIS, Univ Nebraska; (included 20 remote participants)

Year 1 Progress: Clinical Trials



- **Expanded access to trials**
 - RTOG and ACOSOG membership
 - Potential coop group network membership-expand to NCCCP
 - NCI-designated Cancer Centers
 - Eppler-UNMC – Affiliation from 1 to 3 Nebraska sites; CHON?
 - JHU / St Joseph, breast and prostate
 - UMGCC -Disparities
 - Industry trials
- **Increased awareness**
 - System-wide retreat on clinical trials
 - Media, bulletin boards, newsletters, websites
 - “Research Cures Cancer” buttons
 - Navigator and Research staff training

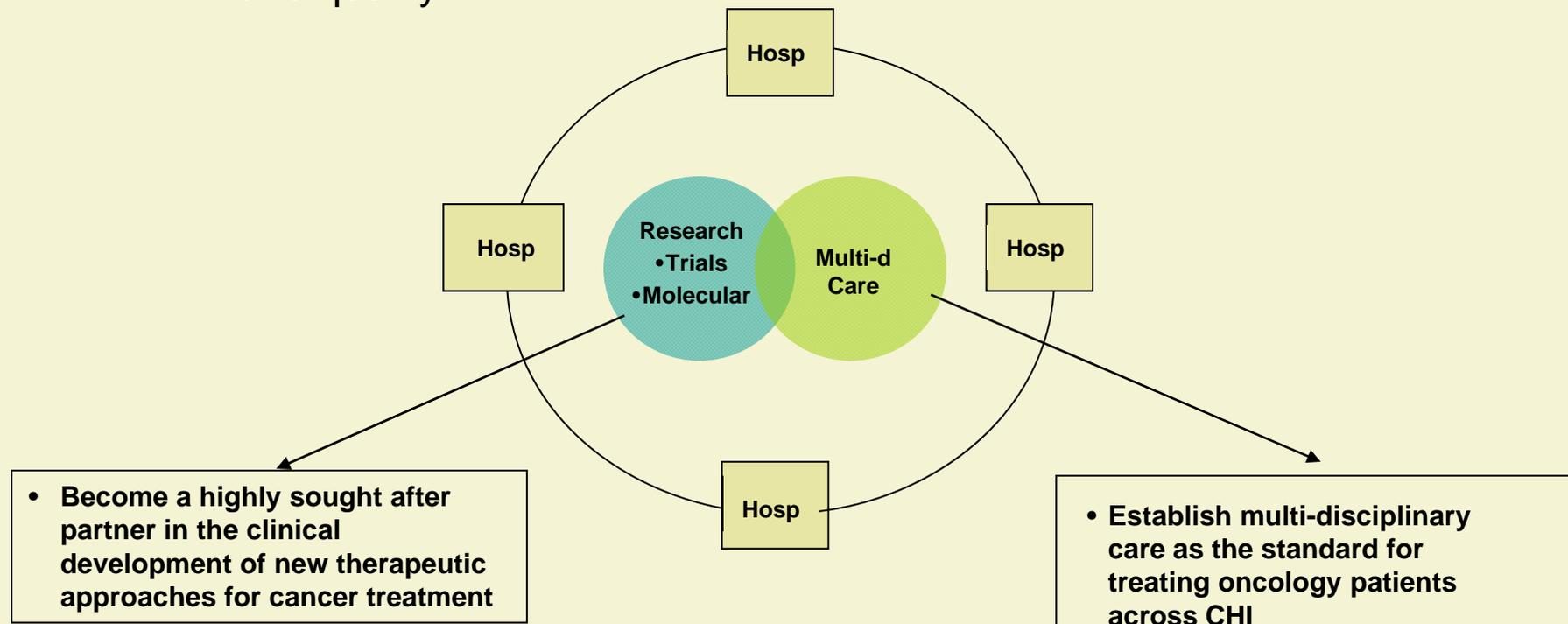
Patients Accrued to Trials - CHI





NCCCP Pilot Sites and Catholic Health Oncology Network (CHON)

Vision: An integrated, system-wide oncology research and multi-disciplinary care initiative focused on delivering new standards of oncology care and quality



Leverage NCCCP Best Practices

CHI Oncology Network (CHON)



- 18 CHI sites (includes 5 NCCCP CHI hospitals)
- Bring each NCCCP program component to CHI cancer programs
- Access to industry and non-competing trials
- Centralized IRB, SOPs, contract negotiations
- Streamlined process to open Clinical Trials
- Promoting investigator initiated trials



NCCCP AND CHI: A LOOK INTO THE FUTURE

- Public Private partnership works with a strategic vision to the future of cancer care
- Increases access to care and clinical trials
- Brings translational research to the community (T1 and T2)
- Provides model for widespread dissemination for Cancer and other service lines: cardiac, orthopedic, rural outreach
- CHI / NCCCP as a cancer advocate
 - e.g. health coverage for 66,000 employees in 20 states now includes clinical trials