

# CHI NCCCP SYSTEM PARTICIPATION

## Catholic Health Oncology Network (CHON): Becoming a Leader in Community-based Cancer Care



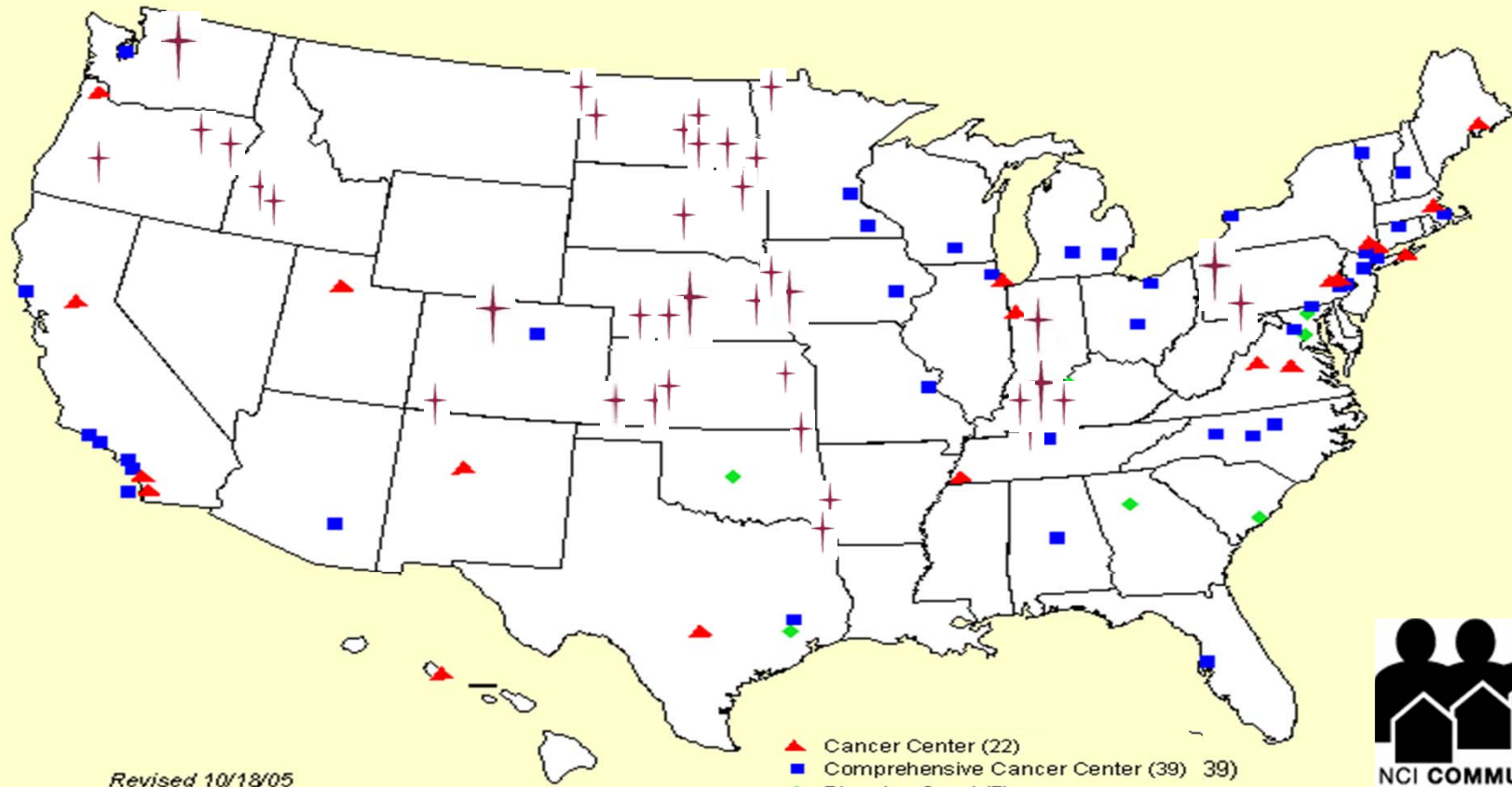
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**National Cancer Advisory Board**  
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# NCCCP Pilot: NCI and CHI Synergy

- Microcosm of U.S. Healthcare System
- Geographic / Ethnic Diversity and Scope
- Leadership Commitment
- Commitment to Local Communities
- National Infrastructure and Resources
- National Information Strategy
- New Service line strategy

# NCCCP Pilot: NCI and CHI Synergy



✝ CHI Acute MBO Cancer Programs (40)

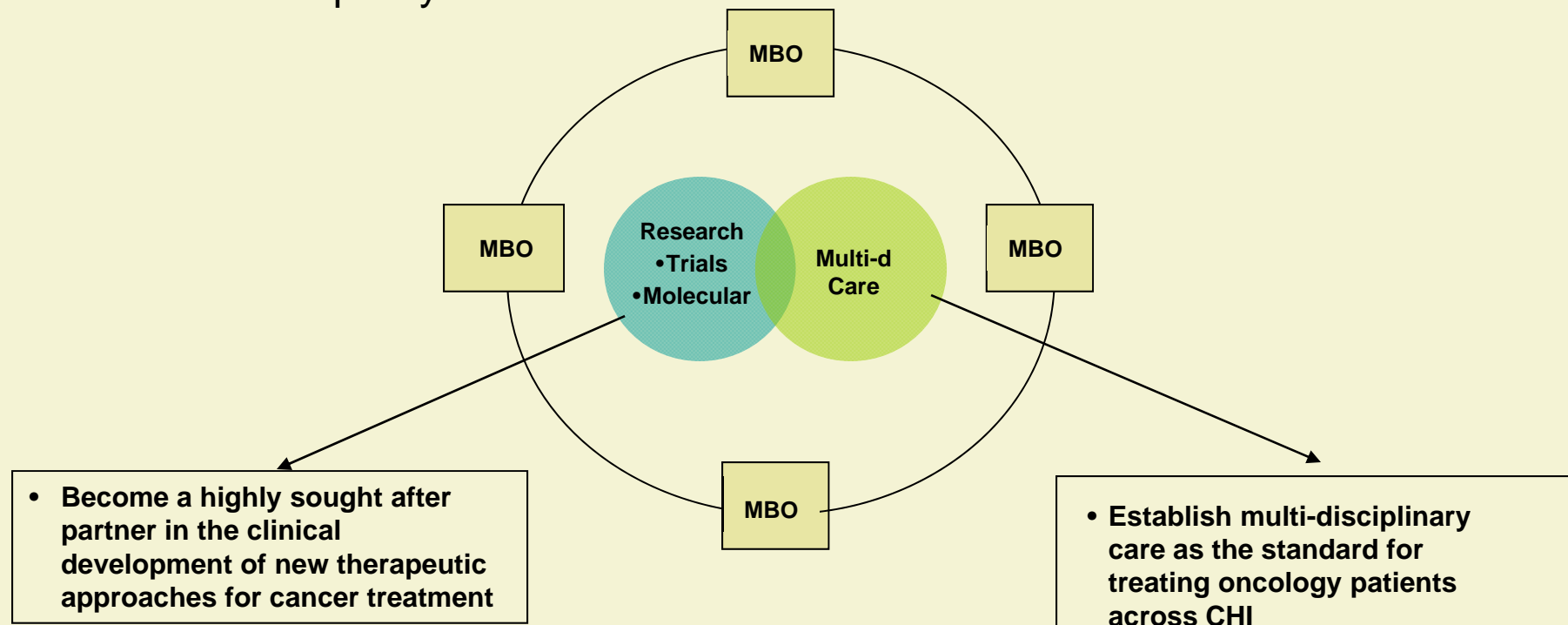
# NCCCP Pilot: NCI and CHI Synergy

- **St. Joseph Medical Center, Towson, MD:** *633,814 served*
  - 35% African American
  - Over 25% older adults
  - Highest incidence of thoracic malignancies
- **Penrose-St. Francis Health Services, Colorado Springs, CO:** *477,263 served*
  - Medically Underserved designation in primary market area
  - Health professional 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** *569,657 collectively served*
  - 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.



# 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



# NCI/CHI Public-Private Partnership

- CHI Strategic Alignment: Cancer Research and Development
- CHI Board initial commitment of \$25M to new R&D function
  - Focus on approaches to transform healthcare delivery
  - Focus on rural markets
  - National partnerships and linkages key
  - Integrated approach to clinical research activities across CHI
- NCI NCCCP Award - \$500,000/year for 3 years
  - Split among 2 hospitals and one rural network of 3 hospitals
- CHI matching funds- \$1.5-2 million
- Local matching funds- \$1 million

# Year 1: Disparities



- **Outreach/Screening** – Expanded at all Sites
  - African-American Men’s Conference/Screening - 500 pts-  
**St. Joseph**
  - Hispanic Outreach and Education through churches – 260 pts-  
**St. Francis**
  
- **Partnerships** – Expanded at all Sites
  - CIS on-site trainings and collaborations - **Good Samaritan**
  - Facilitated expansion of state colonoscopy program to primary care clinics – **Penrose**
  - GEDCO (47 churches/community orgs) partnership for screenings / Hispanic Apostolate- **St. Joseph**
  - Established city-wide breast cancer coalition – **St. Elizabeth**

# Year 1: Disparities



## ■ Navigators

- **New Programs started at each Nebraska site**
- **Expanded Programs**
  - Penrose – Breast, Thoracic, Head & Neck as well as lay navigators for African-American and Hispanic populations
  - St. Joseph – Breast, Thoracic, GI/GU/Gyn; ACS collaboration
- **Internal Research Study on Effectiveness of Navigators – St. Elizabeth**

## ■ New Grants/ External Funding/ Partnerships

- **Maryland Regional Community Network- Dr. Claudia Baquet**
  - Applied for supplemental funding for CHI to perform molecular epi assays
- **Esophageal cancer epidemiology grant**
- **MOTA grant SJCI**
- **ALA MD state grant- Baltimore Co**



# Year 1: Clinical Trials



## ■ CHI Oncology Network (CHON)

- Launched June 2007
- 18 CHI sites (includes 5 NCCCP CHI sites)
- Access to industry and non-competing trials
- Centralizes IRB, SOPs, contract negotiations
- Developed Clinical Trials Roadmap
- Developed audit and billing compliance programs
- Monthly conference calls for best practices/issues
- Quarterly retreats
- Promoting investigator initiated trials in CCC

# Year 1: Clinical Trials



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

# Year 1: Survivorship



- Survivorship Clinic staffed by Nurse Practitioner—**Penrose**- Komen grant awarded March 2008
- Insurance and Resources Fact Sheet – **St. Elizabeth**
  - Other CHI sites adapted template to local market
- A Time to Heal – **Nebraska Sites**
  - Breast Cancer Rehabilitation 12 week program
- Regional Patient Education and Support Groups – **Nebraska Sites**
  - Videoconference support groups/education with all 3 Nebraska NCCCP sites and critical access hospitals resulted in increased attendance
  - Developing Fall Survivorship Series

# Year 1: Survivorship



- LUNGS– St. Joseph
  - Lung / thoracic cancer survivor support group
  - Lymphoma Society grant / ACS grant
  - Survivor Day-June 15, 2008 Camden Yards-600 pts
  
- SURVIVORSHIP RETREAT
  - August 26 & 27 – Kearney and Grand Island, NE
  - 40 in person participants and 20 remote participants from NCCCP and CHON sites
  - Includes presentations by NCI, City of Hope, CIS, Univ Neb
  - Guests include Sanford Health System (Sioux Falls, SD)

# Year 1: Biospecimens



## ■ CHI Center for Translational Research

- Located at St. Joseph Cancer Institute
- Approved by CHI R&D Board March 2008
- Allocated \$5 million
- New facility opens 10/08
- 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 proposal submitted



# QOC: Rationale for Multi-disciplinary Care

- One-stop shop
- Centralized, easy access
- Vertical/longitudinal care
- Continuity of care
- Geographic identity
- Familiarity with team members
- Implement system where practitioners revolve around the patient
- Give patient and family feeling of unified team approach/consensus
- Expedite consultation process

# Delivery of MultiD Cancer Care





# Level Three Multi-disciplinary Care

- Patient is still the center of the experience
- The building/space/location for conference should be identified
- All support staff and the nurse see the patient in identified building/clinic location if possible, even if at different times
- Lead nurse (navigator/coordinator) sees the patient at the first visit
- Physicians see the patient in their offices at different times but within a defined timeframe
- All patients are presented prospectively at weekly conference
- Contact is made by physician or nurse coordinator to clarify plan, next steps the day of conference

# Level Two Multi-disciplinary Care

- Patient is still the center of the experience
- The building and/or space should be identified
- All team members see the patient in the same building/clinic if possible, even if at different times
- A lead nurse (navigator/coordinator) sees the patient at the first visit
- Other support staff make contact at first visit
- All patients are presented prospectively at conference the same week
- Contact is made by the physician or nurse coordinator to clarify the plan, next steps the day of conference

# Level One Multi-disciplinary Care

- 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
- All patients presented prospectively at conference the same day
- Contact made by physician/nurse coordinator to clarify plan, next steps that same day

# Year 1: Quality of Care



- Multi-Disciplinary Care (MDC)
  - Focused CHI retreat on MDC best practices (SJCI-Feb 08)
  - MDC conferences from 1x/week to 4x/week – **St. Joseph**
  - Pulmonary Nodule Clinic /Thoracic Conference – **Penrose**
  - Neuro MDC Conference – **Good Samaritan**
  - Investigating new or expanded clinics/conferences at all sites
  - Business model for MDC with private practice physicians
  - Developing videoconference system



# Year 1: Quality of Care

- eQuIP
  - All sites
- QOPI
  - 2 physician practices – Penrose
  - Next enrollment – Saint Francis
- Genetic Counseling
  - New programs – St. Joseph/Nebraska
  - Existing programs (Penrose/Kearney) participated in Genetic Task Force

# Challenges – Multi-disciplinary Care

- Markets with private practice physicians
  - Smaller markets have fewer providers
  - MD time constraints
  - Value to MD's
    - other specialties evaluate decisions
    - Requires more time and coordinated scheduling
    - Cannot force physicians
      - Can't risk angering key/only oncology leaders
  - Navigator Program
    - Models don't fit in some markets / coordinators
    - Coordinating care with patients and providers spread over hundreds of miles
  - Minorities vs Disparities (NCCCP Definitions)
    - Minorities in one market = <2% of population
    - But, disparate populations (elderly, rural, uninsured)

# MDC Goals/ Challenges



- Continue to find ways that meet physician needs
  - Research staff and Navigators meet patients at their office
  - Conditions of participation – need robust list of benefits
  - Demonstrate improved patient care
- Demonstrate patient satisfaction
  - MDC, treatment summaries, improved processes
  - Increased referrals to physicians who participate
- Identify data for NCCCP measurement
  - Time to diagnosis
  - Time to rx
  - Outcomes / survival?

# NCCCP AND CHI: A LOOK INTO THE FUTURE



- A community cancer system can deliver MultiD care, participate in clinical trials and begin to bridge disparities in cancer care
- Public Private partnership works with a strategic vision to the future of cancer care; especially in faith based organizations
- Challenges for Years 2 and 3: codify what works and apply it to more sites / systems
- CHI using CHON / NCCCP model for other service lines: cardiac care, orthopedic care, rural outreach