**Proposal Summary**
**Meeting Date: July 19, 2018**

# Loyola University Medical Center, Request #115697
# Jesse Brown VA Medical Center, Request # 115699
# Methodist Medical Center of IL, Request #115698
# Sinai Health System, Request #115691

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| **Project Title:** | Coleman Supportive Oncology Collaborative, Cycle 3 |
| **Duration:** | 15 months |
| **Request Date:** | 06/25/18 |
| **Request Amount:** | $330,000 (total four sites) |
| **Recommended Amount:** | $330,000 |
| **Program Area:** | Health and Rehabilitation |
| **Population Served:** | Cancer Patients |
| **Type of Support:** | Program Support |
| **Grantee Location:** | Chicago, IL |

## Project Abstract

This request is for continued support of the Coleman Supportive Oncology Collaborative (CSOC) to implement process improvements in delivering supportive oncology at four hospital sites: Loyola Medical Center, Jesse Brown Veterans Administration (VA) Hospital, Methodist Medical Center, and Sinai Health.

This proposal summary includes: a brief background of the Collaborative, requests from four Process Improvement Sites, and program related expenses for core program support and communication strategy.

## Organizational Financials

Site specific organizational financials can be provided upon request.

## Coleman Supportive Oncology Collaborative Background

The Supportive Oncology Collaborative is intended to achieve Coleman's Cancer goal:

Cancer patients are:

1. regularly screened for psychosocial/distress support and palliative care needs; and
2. receive all services as identified by psychosocial/distress and palliative care screenings (from diagnosis through survivorship and end-of-life) from a collaboration of multiple, high quality service providers that have core competencies in delivering cancer care.

While the IOM report recommendations identified the problem "the crisis of cancer care", the Coleman Supportive Oncology Collaborative focused on finding solutions to key elements of distress screening

and service improvement. Through the collaboration, improvement sites participated in implementing supportive oncology care through distress screenings (goal #1) and improving delivery of services (goal #2).

The Design Teams, comprised of members from across sites, worked together to define and agree on a standard for supportive oncology and the processes to deliver cancer care. Design teams developed distress and survivorship screening tools; and almost 100 follow-up (guidance) documents to help clinical staff address specific concerns identified by the tool. They identified more than 500 resources for patient services. Over 180 clinicians have access to the database of resources and can provide a customized listing of appropriate service for an individual patient.

Through the work of the Design Teams, 26 training modules on various topic were created to inform clinical staff on how to delivery supportive oncology, how and when to use the screening tools, what are appropriate referrals to make and follow-up documents for concerns identified on the screening. Having an educated workforce meets cancer goal #2 that service providers have core competencies in delivering cancer care. In addition, CSOC participants utilize the data collected from patient files to make presentations at national conferences giving visibility of the collective work effort. Hospital administration at CSOC sites have supported these goals through hiring additional staff, budget commitments, management support, and adding various elements of supportive oncology to their services.

## Program Description

The first cycle of the Coleman Supportive Oncology was a collaboration of two sites serving as leads for Process Design and six hospitals as process improvement sites. For the second cycle, the Collaborative was expanded to 10 process improvement sites. This third cycle will consist of the four process improvement sites (that were added for cycle 2) and will span 15 months starting October 1, 2018 through December 31, 2019. The sites are:

| Process Improvement Site | Institution Type |
|---|---|
| Loyola University Medical Center | Academic |
| Jesse Brown VA Hospital | Public safety net |
| Methodist Medical Center of Illinois | Academic |
| Sinai Health System | Public safety net |

During Cycle 3, the four sites will utilize the tools and resources developed by the Process Design teams. Their focus will be to:

- Expand patient screening to other clinics within the hospital, for example: previously implemented in breast cancer clinic, now expanding to lung clinic; previously implemented with patients receiving chemotherapy, now expanding to patients undergoing radiation treatment.
- Utilize a tool kit with over 100 follow-up documents to address specific patient care concerns and make appropriate referrals to clinical care or other resources.
- Encourage staff to register for the National Comprehensive Cancer Network (NCCN) oncology education series, which is intended to train clinicians and staff on supportive oncology and palliative care. The training modules have been reviewed by the NCCN's scientific committee and are posted of the website.

- Gain/Increase hospital commitment to providing resources for supportive oncology. During past cycles, we helped develop business cases that led to hiring additional staff, and adding elements of supportive oncology to their services, such as more social workers and providing psych-oncology support groups.
- Each site will gather specific data from medical records of patients screened. Data will be collected from each site and aggregated across sites, allowing evaluation of progress and measuring change over time. Data results can be useful to influence hospital administration to increase resources. Results are also used to develop posters and submit abstracts for recognition on a national level.
- Explore incorporating/including screening into the electronic medical records (EMR). Some sites have incorporated screening tools directly into their EMR system, while others use separate systems and are attempting to connect to the main EMR (not ideal, but best they can do).

To accomplish the efforts projected during this cycle, each site is required to have designated staff with specific responsibilities, as follows:

**Site Principal Investigator (PI)** will oversee all aspects of the supportive oncology improvement work and provide oversight to the team. The PI is expected to be in a leadership role within the cancer center, and preferably a medical, surgical or radiation oncologist, who is also a member of the organization's cancer committee. Role is estimated at 5% of time (averaging 2 hours per week).

**Site Co PI / Lead** will oversee specific improvements and supervise the team's work. The site lead will be a member of the design working team and will participate in calls and meetings. A clinician who cares for patients' supportive care is estimated at 10% of time (averaging 4 hours per week).

**Site Administrator** will help clear organizational hurdles to implement process improvements. The administrator will also help uncover reimbursement for services and budgeting for supportive oncology staff. A health system administrator that participates on the cancer committee and has financial responsibilities for operations is estimated at 5% of time (averaging 2 hours per week).

**Site Supportive Oncology Designer** will assess current state of supportive care at the site, conduct data collection, provide support and coordination for process improvement efforts, and organize staff training activities. The supportive oncology designer will be a member of the design working team and participate in working sessions. A social worker, nurse or medical assistant is estimated at 25% of time (averaging 10 hours per week).

Throughout the cycle, the Center for Business Models in Healthcare will be responsible for core program support. The Center will facilitate regular interactions with the Design Working Group, which will consist of two members from each site, an Input Advisory Team, Program Coordination, and Grant Management. (Northwestern will serve as the fiscal agent and grant management for the Process Design Working Group, which will be addressed separately.) The Design Working Group will be tasked to:

- Identify metrics to measure the benefit of supportive oncology on cancer patients.
- Develop additional tools to facilitate and support follow up reference documents
- Revise training and adjust tools as needed to support quality process improvements

- Address issues / gaps faced by improvement sites
- Share the CSOC body of work with hospital administrators to influence action to improve supportive oncology at their site.
- Serve as forum to disseminate CSOC results via presentations and submissions at oncology and survivorship conferences.

## Expected Outcome

While cycle 1 and 2 of the Collaborative has achieved many of these outcomes and more, expected outcomes are anticipated during this cycle to include:

- Development of process design and execution approaches for implementation of supportive oncology in new clinics.
- Improved supportive oncology processes across four sites, which include: distress screening, psychosocial care, oncology nutrition, oncology social work, palliative care, effective hospice referral, with supportive oncology services starting at diagnosis and continuing through survival and end of life.
- Hospitals support screenings for supportive care needs and provide onsite services or collaborate with community service providers.
- Workforce development via education modules results in improved understanding of supportive oncology guidelines and best practices for physicians, mid-level providers and staff that work with cancer patients.
- Hospital administration demonstrates increased commitment and financial support to supportive oncology.
- Data/Metrics will be collected and available to help influence hospital administration to allocate resources and influence reimbursement options of supportive oncology care with payers.

How are we going to measure success?

- 90% of target population patients are screened at diagnosis and services are recommended. and available throughout the continuum of care.
- At least 80% of target population patients receive ongoing screenings at transitions in the cancer care continuum.
- 90% of target population with Stage IV cancer have a documented goal of care plan.
- 90% of target population patients receive end of life care at an appropriate stage of the cancer.
- 90% of oncology clinicians and staff have completed educational courses relevant to their work.
- Representatives from sites form teams and collaborate on topics supporting all sites, such as how to write a business case for more resources, how to best incorporate screenings into overall service delivery.
- Participating site representatives collaborate to author manuscripts to submit to national academic journals. This collaborative work supports development of the cancer workforce. On an ongoing basis, site participants engage in effort to present posters and submit abstracts, which exposes CSOC more broadly. Through this effort, the Collaborative has drawn attention from national leaders in the oncology and palliative care arena.

## Budget Summary

| Process Improvement Site | Requested Amount | Recommended Amount |
|---|---|---|
| Loyola University Medical Center | 80,000 | 80,000 |
| Jesse Brown VA Hospital | 80,000 | 80,000 |
| Methodist Medical Center of IL | 80,000 | 80,000 |
| Sinai Health System | 90,000 | 90,000 |
| **Total Grant Proposals** | **$330,000** | **$330,000** |

## Individual Site Budgets

For individual sites, we outlined the amount of dedicated time needed by project role. Staff roles (described on page 3) are estimated between 5% of effort (averaging 2 hours per week) to 25% averaging 10 hours a week). Due to unique organizational structures and resources, sites adjusted the dedicated effort and roles according to their clinic. The budgets reflect costs over 15 months (Oct. 1, 2018 to Dec. 31, 2019). Please note: we are awaiting some additional budget details, which will be provided on the call.

### Loyola University Medical Center

| Revenue | Funds Needed | Funds Requested | Funds Committed |
|---|---|---|---|
| Coleman Foundation | | $80,000 | |
| Private donations/grants | | | |
| Organizational contribution | | | |
| **Revenue Total** | | | |

| Expense | Project Budget | Coleman Funds | Other Sources |
|---|---|---|---|
| Site PI - Co | $27,200 | $27,200 | |
| Site PI - Co | $17,600 | $17,600 | |
| Lead Psychologist | $25,900 | $25,900 | |
| Site sub PI | $9,300 | $9,300 | |
| Site Supportive Oncology Designer | $0 | $0 | |
| **Total** | **$80,000** | **$80,000** | |

### Jesse Brown VA Medical Center

| Revenue | Funds Needed | Funds Requested | Funds Committed |
|---|---|---|---|
| Coleman Foundation | $80,000 | $80,000 | |
| Organizational contribution | $41,951 | | $41,951 |
| **Revenue Total** | **$121,951** | **$80,000** | **$41,951** |

| Expense | Project Budget | Coleman Funds | Other Sources |
|---|---|---|---|
| Joanna Martin, M.D. | $32,500 | $32,500 | |
| Jane Weber N.P. | $11,811 | $11,811 | |
| Larry Feldman , M.D. | $18,676 | $18,676 | |
| Nisha Mohindra, M.D. | $4,507 | $4,507 | |
| Joshua Hauser, M.D. | $4,507 | $4,507 | |

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|---|---|---|---|
| Administrative Fees | $8,000 | $8,000 | |
| Nursing Service – Comm. Health | $4,615 | $0 | $4,615 |
| Nutrition | $4,615 | $0 | $4,615 |
| Oncology Service - Fellows | $12,000 | $0 | $12,000 |
| Oncology Service - Nursing | $8,000 | $0 | $8,000 |
| Palliative Care Service | $4,000 | $0 | $4,000 |
| Social Work Service | $8,000 | $0 | $8,000 |
| Voluntary Service | $720 | $0 | $720 |
| **Total** | **$121,951** | **$80,000** | **$41,951** |

*Request is 66% of project budget.

## Methodist Medical Center of IL

| Revenue | Funds Needed | Funds Requested | Funds Committed |
|---|---|---|---|
| Coleman Foundation | $80,000 | $80,000 | |
| Private donations/grants | $39,000 | $39,000 | $0 |
| Organizational contribution | $71,500 | | $71,500 |
| **Revenue Total** | **$190,500** | **$119,000** | **$71,500** |

| Expense | Project Budget | Coleman Funds | Other Sources |
|---|---|---|---|
| Site PI | $60,000 | $25,000 | $35,000 |
| Site CO PI / Lead | $5,000 | $5,000 | $0 |
| Site Administrator | $18,000 | $9,000 | $9,000 |
| Site Supportive Oncology Designer | $50,000 | $25,000 | $25,000 |
| Nurse Navigation program software - IT | $55,000 | $16,000 | $39,000 |
| Patient materials design | $2,500 | $0 | $2,500 |
| **Total** | **$190,500** | **$80,000** | **$110,500** |

*Request is 42% of project budget.

## Sinai Health System

| Revenue | Funds Needed | Funds Requested | Funds Committed |
|---|---|---|---|
| Coleman Foundation | $90,000 | $90,000 | |
| Organizational contribution | $60,051 | | $60,051 |
| **Total revenue** | **$150,051** | **$90,000** | **$60,051** |

| Expenses | Project Budget | Coleman Funds | Other Sources |
|---|---|---|---|
| Supportive Oncology Coordinator/Social Worker | $46,410 | $23,205 | $23,205 |
| Site PIs - Dr. Khosla/Dr. Veres | $37,500 | $33,515 | $3,985 |
| Site Co-PIs | $13,000 | $3,750 | $9,250 |
| Two (2) APNs | $10,000 | $7,500 | $2,500 |
| Six (6) Nurse Navigators and/or Infusion Nurses | $12,000 | $2,280 | $9,720 |
| Oncology Pharmacist | $5,250 | $2,500 | $2,750 |
| Oncology Social Worker | $5,000 | $2,500 | $2,500 |
| Clinic MA, Clinic Manager, Financial Navigator, and EMR Support | $3,750 | $3,750 | $0 |
| Marketing & Promotions for | $1,500 | $1,500 | $0 |
| Conference & related travel fees | $2,000 | $2,000 | $0 |
| Supportive Oncology Clinic Operations | $13,641 | $7,500 | $6,141 |
| **Total** | **$150,051** | **$90,000** | **$60,051** |

*Request is 60% of project budget.

## Program Related Expenses

For the Collaborative to function, make progress and make an impact on supportive oncology, consultants were hired to help accomplish the goals of Coleman's Cancer Program. As you know, we have engaged the expertise of the Center for Business Models in Healthcare for facilitation and core program support, and Amdur Spitz & Associates for strategic communications to craft manuscripts that get published for internal and external audiences and increase awareness of the overall Supportive Oncology Collaborative and showcase efforts and results.

| Consultant | Focus | Contracted |
|---|---|---|
| Center for Business Models in Healthcare | Facilitation, Core Program Support (4 sites) | $4,106 monthly |
| Amdur Spitz & Associates | CSOC Overall Communication Strategy | $7,200 monthly |

## Prior Grants

- November 2014, nine grants approved totaling $1,783,500 for CSOC cycle 1- Adults
- November 2016, eleven grants approved totaling $1,213,000 for CSOC cycle 2 – Adults

## Recommendation

While much as been accomplished since 2014 when CSOC began -- much still needs to be done. When we started cycle 1, we recognized that institutions were wresting with how to effectively provide supportive oncology and meet national standards directed at patient care and institutional accreditation requirements. The Supportive Oncology Collaborative led the way and continues to be a leader in supportive oncology designs and approaches.

During Cycle 1, the Collaborative focused on finding solutions by defining the key elements of screening and improving service delivery. Six hospitals accessed institutional commitment, resources, staff competencies, and more, and along with design teams developed approaches to address the state of supportive oncology and "the crisis of cancer care". Approaches and tools were designed: a comprehensive screening tool was created; sites began to utilize the tools and refer patients to care and resources; 100 follow-up guidance documents were created; and an educational training series was produced giving access to clinicians nationally.

During Cycle, 2, we expanded the number of improvement site from six to ten. The six initial sites would implement, test, refine and pilot the tools created, and approaches developed. The four new sites began learning about delivering supportive oncology and began developing processes within their institution for identifying patients needs and providing services. These four sites in this request went through one cycle, and we wanted to give them the opportunity to further cement the efforts within their institutions. This next cycle would allow these sites to build their programs and gain awareness with hospital administration to help secure institutional buy-in.

The Foundation's support of the Collaborative cycles demonstrates a commitment to influencing change at the institutional level. The Collaborative effort aligns with Coleman's Impact vision that cancer patients achieve the best possible outcome and quality of life. Research shows that screening people for

social and emotional distress is an important first step in delivering solutions, which can lead to improved quality of life, the ability to stay on treatment and overall patient satisfaction. Thus, we recommend Board approval of these requests to the four hospital site requests.