

Coleman Supportive Oncology Initiative Cycle 2 Recommendation

At the March Board meeting, we presented the Coleman Supportive Oncology Initiative (CSOI) accomplishments during the first 10 months of the Initiative. Based on the Initiative goal, we outlined four factors, and what was accomplished for each factor. (See attached for your review.)

The Initiative goal is that cancer patients are:

1. regularly screened for distress, psychosocial support and palliative care needs, and
2. receive all services as identified by 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 and support.

Background of Cycle 1

While the IOM report recommendations identified the problem “crisis of cancer care”, the Coleman Supportive Oncology Initiative focused on finding solutions to the problem. In an environment in which variable efforts were made for supportive oncology care, all six improvement sites made progress to improve supportive oncology through distress screening (goal #1), and improve delivery of services (goal #2). Hospital administration has supported these two goals through additional staffing, budget commitments, and management support.

During Cycle 1, the CSOI helped sites define the standard for supportive oncology and the processes to deliver cancer care. A distress screening tool was developed, which contains over 35 concerns. A survivorship screening tool was also developed to address issues of survivorship. During the process of developing the screening tool, we learned that clinicians including doctors addressed concerns differently and, in some cases, did not know how to address the concern. Consequently, the design teams developed a follow-up (guidance) document for each of 35 care concerns on the screening tool. Almost 100 (52 for distress, 47 for survivorship) follow-up documents have been in development to help clinicians address concerns that were identified. To direct patient to appropriate services, all participants in the Initiative were asked to submit a list of cancer resources in their community. We collected almost 500 resources in the Chicagoland area which have been inputted into a program hosted by Lilly Oncology called Journey Connections. (There was no additional cost to the CSOI project for this effort.) Access to Journey Connections has been given to over 180 social workers, who can provide a list of resources to a cancer patient that is specific to their needs.

During team member working sessions and site assessments, we learned that clinicians lack training to conduct distress screening and resources to provide services. To address the lack of knowledge, the design teams created over 25 training modules on various topics in supportive oncology. Having an educated workforce meets Initiative goal #2 that service providers have core competencies in delivering cancer care and support, and addresses a recommendation of the IOM report to provide workforce development.

The existing process improvement site grants end May 31, 2016. The six sites would be invited to submit a proposal for a second cycle of funding. A description of Cycle 2 follows, which would run October 1, 2016 to December 31, 2017 (15 months).

Project Description of Cycle 2:

Cycle 2 would include the six process improvement sites, and build on the work produced in Cycle 1. The main components of Cycle 2 are to:

- Expand patient screening to other clinics within the hospital, for example implemented in breast cancer clinic, next implement in lung clinic; implemented with patients receiving chemotherapy, next expand to patients receiving radiation.
- Implement the follow-up reference documents, which are being finalized. The follow-up reference documents will be used by clinicians along with the screen tool, tested and revised as needed.
- Encourage staff treating cancer patients to take the supportive oncology training, and acquire continuing education credit. Cycle 2 will provide the opportunity to test, revise and evaluate the impact of training on delivery of supportive services.
- Gather data from medical records for all patients that are screened. Data will be collected across sites and aggregated, allowing evaluation of progress and measuring change over time. In addition, the data is useful in making a case to hospital administration for additional staffing and other resources, and to payers for improving reimbursement.
- Focus efforts to make screening sustainable, such as inclusion in electronic medical records.

The Cycle 2 structure will include a Design Working Team. Key contributors from Cycle 1 design teams and members from improvement sites will participate. The benefit of the design team members expertise, objective viewpoint, and working collaboratively to find solutions to delivery of supportive oncology was apparent during Cycle 1 and is recommended for Cycle 2. The focus for the design working team will be:

- Provide overall input to the efforts of Cycle 2, which is patient centered and void of competition
- 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 one or more improvement sites
- Serve as forum for dissemination of CSOI results via presentations at regional and national conferences
- Share the CSOI body of work with their hospital administrators to influence action to improve supportive oncology at their site.

Potential New Improvement Sites

We have the opportunity to invite new improvement sites to participate in Cycle 2. Based on the current program budget, we have flexibility in how grant payments are structured in 2016 and 2017. Some open issues exist for both CFI and new sites, such as, do we want to expand the Initiative in scope and within the budget; are hospitals in a position to implement supportive oncology?

During Cycle 1, design team members realized the benefit of participation in CSOI and the body of work produced through the Initiative. Several design team members expressed interest in

improving supportive oncology processes at their institution, and would like their organizations to participate as an improvement sites. Although, team members have shared content from Cycle 1 with their organization, the sites would benefit from a formal process. We have had preliminary conversations with team members from the following sites:

- Illinois CancerCare / Unity Point Health System, Peoria
- Loyola University Medical Center, Chicago
- Northwestern Hospital, Chicago
- Jesse Brown VA Hospitals, Chicago
- Advocate – Sherman Hospital, Elgin

Should a decision be made to expand to other sites, we need to have additional conversations before inviting a proposal from one or more of the above sites.

Expected Outcomes of Cycle 2:

- Hospital administration demonstrates financial support and commitment to providing supportive oncology.
- Hospitals allocate resources to provide supportive oncology services along the continuum of care.
- Consistent supportive oncology screening for cancer patients at specific points in care
- Patients access and utilize supportive oncology care that addresses their needs
- Providers use follow up reference documents appropriately to determine steps identified in distress screening process.
- Staff (nurses, physicians, social workers, etc.) use and complete the NCCN supportive oncology training modules and receive continuing education credit.
- Data/Metrics will be available to make case for additional staff to hospital administration and reimbursement of supportive oncology care with payers.

Budget for Cycle 2:

We estimate the budget for six improvement sites at \$800,000 - \$900,000 over 15 months. Support for each additional site is estimated at \$120,000 (staff efforts would vary per site). If the grants are approved, we would make payments in 2016 based on the Health & Rehab budget of \$397,000, and the remaining payments in 2017. We have \$513,000 approved to pay in 2017, which would leave potential funding of approximately \$2 million if the same budget allocations are used as those in 2016.

We have had preliminary conversations with the existing sites about participation in a second cycle for the Initiative. However, we are not certain about one existing site at this point. All sites (existing and new) will be asked to contribute towards the site program budget of \$120,000.

Recommendation:

We ask the Board's approval for Cycle 2 for the Supportive Oncology Initiative. Individual proposals would be presented at the August Board meeting for an October 1, 2016 start.

Coleman Supportive Oncology Initiative Cycle 1 Factors & Accomplishments

The Initiative goal is that cancer patients are:

1. regularly screened for distress, psychosocial support and palliative care needs, and
2. receive all services as identified by 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 and support.

Success factors and accomplishments from Cycle 1:

Factor 1: Patients are screened, based on need, and services are recommended and available throughout the continuum of care.

Accomplishments:

- Defined supportive oncology that supports the cancer care continuum across sites and metrics to evaluate supportive oncology services.
- Developed a supportive oncology screening tool, which includes over 30 practical and psychosocial care concerns.
- All six process improvement sites have implemented a supportive oncology screening tool within specific patient populations.
- Sites have screened various numbers of patients. (e.g. Sinai screened 100+, Rush screened 800)
- All six process improvement sites are using results of the screening tool to identify patient needs and refer them to appropriate resources.
- As a result of screening patients, sites are trying to determine how to handle the load or overload of referrals.

Factor 2: Hospitals support a system that screens for distress, makes services available and collaborates with community providers to provide psychosocial and other support services.

Accomplishments:

- Process improvement sites realized the benefit of appropriately screening patients and plan to expand supportive oncology screening to additional patient populations
- All sites are expanding relationships with community service providers: e.g.; Wellness House, Horizon Hospice and JourneyCare
- Participated in collection of resources for cancer patients, which are now available on the Journey Connections Website
- Sites are using Journey Connections to create personalized listings and refer patients to resources
- Sites agreed to share data showing patient care events (i.e. at diagnosis, chemo treatment).
- Aggregated data shows increase in the number of patients screened, palliative referrals and advance care discussions

Factor 3: Hospital administration sustains the program through fundraising efforts and payer reimbursement.

Accomplishments:

- CFI support for CSOI has highlighted and drawn attention to the importance of supportive oncology to hospital administration, cancer center directors and their cancer committees
- Hospitals have allocated staff resources for data collection
- Hospitals made financial contributions towards the effort of project leads
- Hospitals provided staff and resources to conduct the current state assessment at their institution aimed at identifying gaps in service delivery
- Administration shared reimbursement codes across sites to identify and help improve payer reimbursement
- Sites have added staff to support survivorship, palliative and spiritual needs
- CSOI participants served as mentors and provided guidance for sites to develop case for additional staff.
- Some sites added staff; two sites have proposals pending approval.

Factor 4: Payers work with providers to reimburse for supportive oncology services.

Accomplishments:

- Worked with major private payers to inform them of Supportive Oncology and the Coleman Initiative
- Used CSOI body of work and accomplishments to frame reimbursement for improving supportive oncology from payers. Discussions ongoing.
- Blue Cross Blue Shield very interested in the body of work produced by CSOI, and CFI Palliative Medicine Training Program. Discussions ongoing.
- Working collaboratively with Blue Cross Blue Shield to assist them in defining their Supportive Oncology program.
- Discussions ongoing for reimbursement of supportive oncology with United Healthcare, Aetna, and other payers.
- CSOI is collaborating with National Comprehensive Cancer Network (NCCN) to deliver on-line staff training, which has a benefit to institutions and gets high visibility with payers.
- Several posters and abstracts have been presented at cancer conferences, which provide national exposure to CSOI and high visibility with private payers.

During Cycle 1, other accomplishments have been realized, which were not expected, such as:

- University of Chicago used CSOI work products as basis to apply for large grant to become an Oncology Medical Home.
- Journey Connections – cancer patient resource database for use by providers. The CSOI has added almost 500 resources and given access to 180+ users.
- Rush University increased referrals to palliative specialty care at 50% higher than projected growth rate. (Through CSOI, a “reason to refer document” was created.)
- Stroger – COSI has allowed hospital to expand relationship between oncology and palliative care. A Palliative Advance Practice Nurse now attends at the oncology clinic 3 times a week with plans for expansion.

- Mercy has expanded relationships with community partners who run cancer support groups, and expanded palliative and hospice referrals with Horizon Hospice.
- UIC has added social workers and plans to expand with more social workers who will be able to bill for their services, using the CSOI screening tool and processes.
- Sinai has developed an understanding of process improvement concepts and is restructuring medical oncology and infusion appointments to provide appropriate supportive care.
- NCCN's scientific committee has reviewed the CSOI training modules for staff working with cancer patients, and given their "stamp of approval" for content. The training modules will be available to NCCN network members and non-member at no charge for continuing education credit. (Typical cost range is \$2,000-\$4,000.) CSOI participants will begin the training modules to guide their work within the next month or so.