Coleman Cancer Program Area
Concept for Future Funding of Supportive Oncology

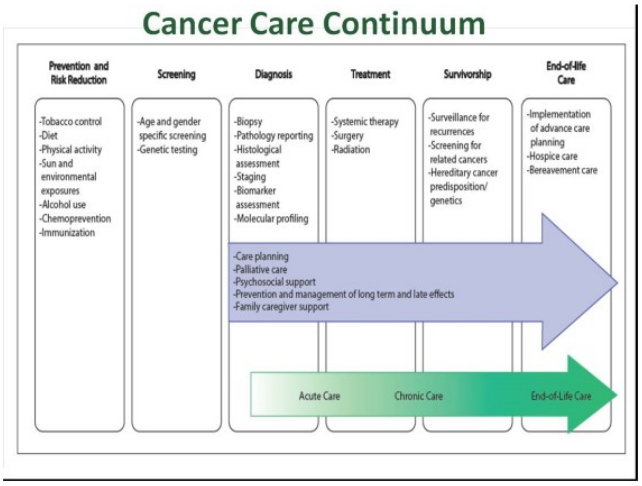
Background of Cancer Program Funding

The Foundation has been supporting cancer care for more than three decades, including supportive oncology. In the 2013 report, the Institute of Medicine (IOM) identified "the crisis of cancer care" as a problem. In 2014, CFI formed the Coleman Supportive Oncology Collaborative (CSOC) to focus on finding solutions to "the crisis of cancer care". We defined the goal of the CSOC program as:

Cancer patients

1) are 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.

Given Coleman's Cancer goal, the Collaborative focused on providing services throughout the cancer care continuum from diagnosis, continuing through survivorship and end-of-life as shown by this Cancer Care Continuum graph presented at the American Society of Clinical Oncology (ASCO) meeting.



Presented By Patricia Ganz at 2014 ASCO Annual Meeting

In the above illustration, care planning appears as the first item in the diagnosis column. The Commission on Cancer (an accreditation entity) mandated that all cancer patients receive a care plan at the end of treatment. Based on conversations with over 100 oncology clinicians, CFI learned that many institutions did not have procedures, tools, or trained staff, and were not positioned to do care planning. As a result, the Collaborative took an approach, which addressed the lack of a consistent understanding of supportive oncology and the gaps in resources and tools to deliver supportive care effectively. The approach involved clinicians in the cancer treatment areas of the hospital and was directed at process improvements to deliver services in a standard and sustainable way.

Background of CSOC, cycle 1

The Collaborative consisted of three design teams (distress, survivorship and palliative and hospice care), which developed methods for process improvement that were concurrently piloted at six improvement sites. All six sites made progress to improve supportive oncology through distress screening (goal #1) and improve delivery of services (goal #2). All six sites have continued the work and or expanded to additional cancer patients. Hospital administration supported the CSOC goals through hiring additional staff, budget commitments, management support, and adding elements of supportive oncology services.

During Cycle 1, the CSOC 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 patient care concerns. To address the items identified by distress screening, the design teams developed a follow-up (guidance) document for each of the 35 care concerns. Almost 100 (52 for distress, 47 for survivorship) follow-up documents have been developed to help clinicians address concerns that were identified through screenings. For clinicians to direct patients to appropriate services, more than 500 resources in the Chicagoland area were identified. Over 180 social workers were given access to utilize the database to target the patient's need and provide relevant resources to the patient.

To augment the follow-up documents, the Collaborative created 26 training modules for clinicians on various supportive oncology topics, including palliative care. These educational modules are intended to meet Coleman's Cancer goal #2 – that service providers have core competencies in delivering cancer care. To date, over 4,100 modules have been completed by clinicians across the country.

(A complete list of Factors & Accomplishments of the Coleman Supportive Oncology Collaborative, cycle 1 will be included in the day of meeting folder as supplemental info.)

Background of CSOC, cycle 2

The Coleman Supportive Oncology Collaborative, cycle 2 (January 2017 to June 2018) aims to build on the tools, resources and staff trainings produced during cycle 1, and expanded services to a greater number of cancer patients. To participate in cycle 2, we charged hospitals to: a) continue to screen cancer patients and refer to appropriate services; b) utilize the work products (screening tools, follow-up documents, trainings) to expand reach to an additional cancer population, such as lung clinic or radiation patients; c) encourage clinical staff to enroll and complete the training modules, which are offered for CME credit by NCCN at no charge to the clinician; d) gain increased commitment from site administration to fund supportive oncology.

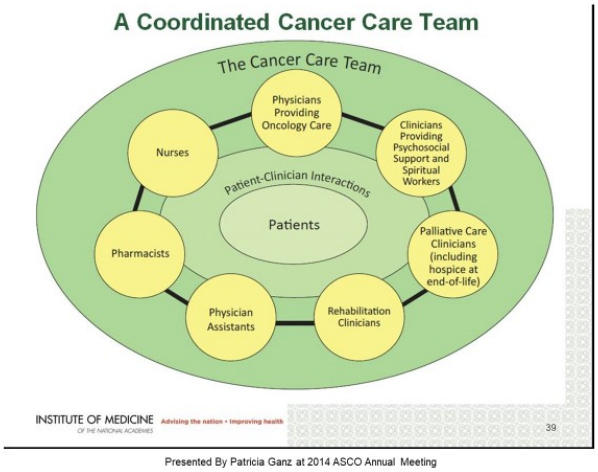
Cycle 2 included a Design Working Group, an Input Advisory Team, represented by national leaders, and ten improvement sites - six sites from cycle 1 and four new sites:

Cycle 1 & Cycle 2 Sites	***Cycle 2 - New Sites***
Rush University	Jesse Brown VA Hospital
University of Chicago Medical	Loyola University Medical Center
University of Illinois Hospital	Methodist Medical Center of Illinois
Mercy Hospital	Northwestern University
Sinai Hospital	
Stroger Hospital of Cook County	

(A complete list of Factors & Accomplishments of the Coleman Supportive Oncology Collaborative, cycle 2 will be included in the day of meeting folder as supplemental info.)

Funding Recommendation for Cancer Program
(includes Enhanced CSOC Goals)

Overall, the Collaborative supported implementation of consistent supportive care screening and alignment of services to support cancer patient needs. The program has been very successful in achieving its objectives and enabling care teams to deliver supportive oncology. However, a large gap remains in aligning with the Coleman Cancer Impact Plan to fully engage cancer patients in their care, via a treatment care plan, which encompasses the care continuum. During the last 4 years, the Collaborative put processes in place, which significantly advanced and built a foundation to pursue development of care planning. The proposed project continues the focus on supportive oncology, while addressing an essential component of care, which is the next step for the overall initiative - empowering the patient / family to understand cancer care and work effectively with the care team. This next step for supportive oncology focuses on an approach, which is patient centered, patient facing, with measurable patient outcomes.



Accordingly, the Cancer goals for supportive oncology have been revised:

Cancer patients

- are regularly screened for distress, psychosocial support and palliative care needs;
- receive appropriate services (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;
- are informed, along with their families, by "patient care sequences" and provided with individualized tools that empower them throughout the continuum of care, including supportive care and services.

The Cancer Impact Plan outlines the intended impact and vision: "Cancer patients in the Chicago Metro area are fully engaged in their cancer treatment plan and achieve the best possible outcome and quality of life."

In order for patients to be fully engaged in their treatment plan, they must have a treatment plan. We have learned that most cancer programs were not positioned to provide treatment plans for various reasons, such as, no consensus on what information should be provided to the patient or

the primary care physician; no reimbursement for creating and discussing treatment planning with patients; medical records do not readily contain the information to provide a treatment plan; if info is in the medical file, it is not understandable by the patient; staff are unclear or unprepared to talk to the patient about all the elements of treatment.

For future funding of cancer, we would like to recommend a focus of supporting cancer care that directly benefits the "patient". While cycle 1 & 2 focused on process improvements at the clinician and institution levels, the next phase will focus on the recipient of the process improvement -- the cancer patient. This next phase is intended to specifically address the patient's needs, to empower the patient with the information to be engaged in their treatment, to fully understand the treatment plan from the time of diagnosis and to understand the appropriate sequencing of treatment and care.

This next phase will utilize the 4Rs methodology, which is based on 10 years of experience with 10-14 institutions, which have collaborated to created, develop, pilot and text the method. The 4Rs method consists of a sequencing of care which delivers the *right* information, the *right* care, for the *right* patient, at the *right* time.

The 4R model helps cancer patients with needs and challenges, for example:

- The need for personalized plans for the whole episode of care, which empower the patient and clinical team to understand and manage their own care and improve patient self-management.
- The challenge of understanding and managing timing and sequencing of care events across specialties (i.e. managing care interdependencies).
- The need to engage caregivers and family with the care team in a personalized, systematic and effective way.

Outcomes

- Consistent patient care sequences provided to patients/families at treatment initiation and updated at specific points/transitions in care
- Improved patient ability to access and utilize oncology and supportive care that addresses their needs
- Patient education materials, which support understanding of written care sequences
- Measured impact of quality improvement of providing patients with care sequences at diagnosis, specifically the impact on (a) patient enablement and satisfaction, (b) clinician satisfaction and effort, (c) impact on care timeliness and appropriateness
- Enhance utilization of Cancer Support Centers and other oncology resources across Chicagoland through integration in 4R care plans

Hospital sites may include:

- University of Illinois Health
- Northwestern Hospital Chicago and Lake Forest
- Rush University Medical Center
- University of Chicago Medicine
- Loyola University Medical Center

Estimated budget range: $1.8 - $2 million over a two-year period