

ASSOCIATION OF
COMMUNITY
CANCER CENTERS

FINANCIAL
ADVOCACY
NETWORK

Promoting Collaborative Practice in the Oncology Setting

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LIVESTRONG Cancer Institutes

Department of Oncology



Association of Community Cancer Centers

CaLM

Cancer Life reiMaged

CaLM Was Designed to:

1. Optimize patient experiences and outcomes.
2. Address the unsustainable financial future of cancer care.
3. Develop a scalable strategy to utilize providers efficiently.
4. Attain cost savings for the patient, the payer, and the system.

LONELINESS

EMOTIONAL HEALTH

PHYSICAL HEALTH

FAMILY ISSU

FERTILITY ISSUES

FINANCIAL ISS

MEDICAL QUESTIONS

DAY-TO-DA

JOB LOSS

TREATMENT QUESTIO

Patient-Centered Care

Care that is “respectful of and responsive to individual patient preferences, needs and values, and ensures that patient values guide all clinical decisions.”

- Health & Medicine Division, National Academies of Sciences, Engineering, Medicine, 2001; 2013



The Skeleton



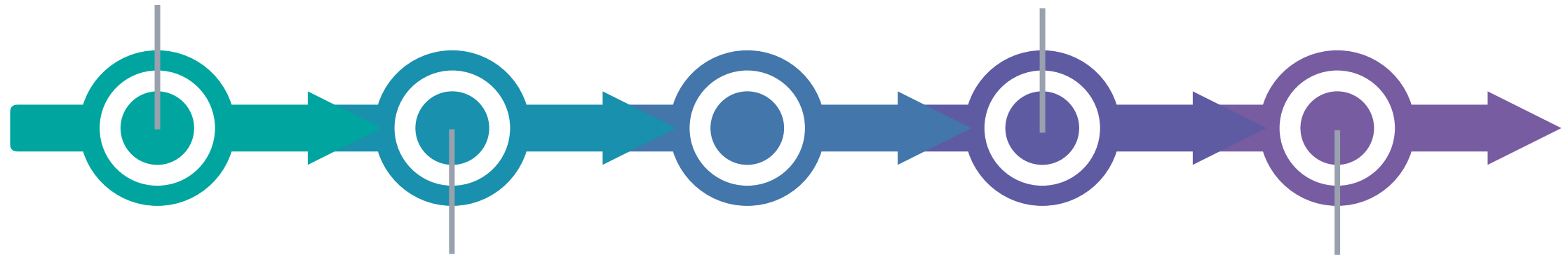
Four Unique Identifiers of the CaLM Model

1. Humanized, personalized, team-based interdisciplinary care.
2. Patients and survivors as co-creators.
3. Measuring what matters to patients (Capability, Comfort, Calm).
4. Flipped approach: supportive care is the anchor and disease-focused treatment planning and assessment is the plug-in.

Evolving Cancer Care for Chronic Disease

Lower rates of survival for
those with advanced disease

Cancer is now a
chronic disease
and patients can
be followed for
decades



THEN

Care provided in a resource-intensive “high-acuity medical decision-making” mode which focuses on discrete factors: initial treatment plan, worsening, change in therapy

NOW

CaLM model focuses on what patients need to re-engage in life, work, and family during therapy

DISEASE TEAM



SWAT

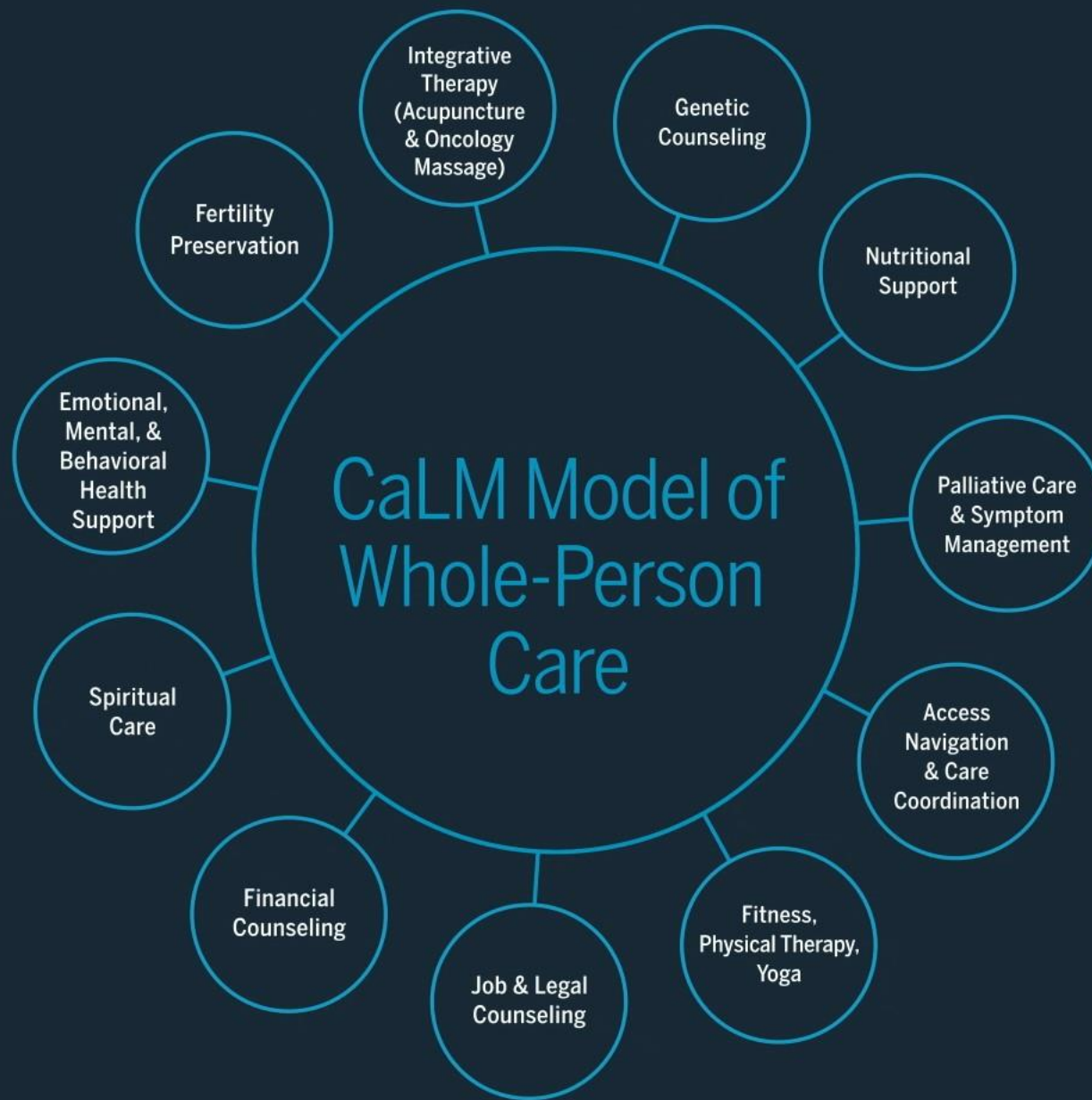


PATIENT SUPPORT TEAM



SWAT

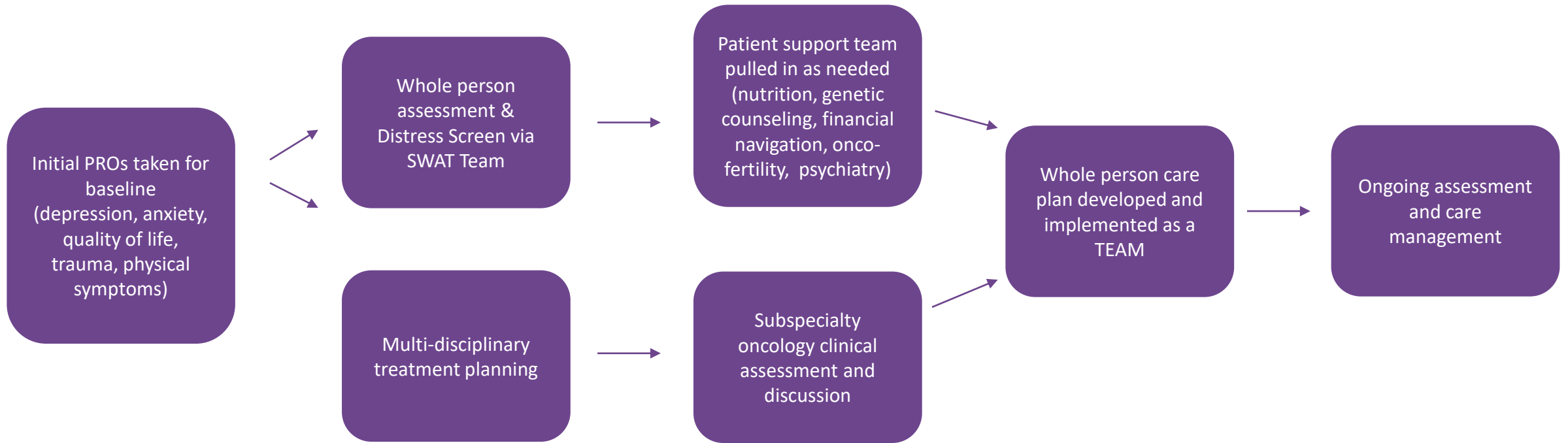




How It Works

Patient engagement and shared decision-making

Care coordination and navigation with “warm handoffs”



Clinical trials and research discussions

New Patient-Centered Tools



Health Transformation Building
1601 A Trinity Street
Austin, Texas 78712
1-833-UT-CARES (1-833-882-2737)
www.uthealthaustin.org



Patient Version

Whole-Person Care Plan

We want to get to know you and what's important to you!

1. What are 1-3 of the most important things in your life for you to be able to maintain throughout your treatment and care?

2. What is your greatest fear related to your cancer?

3. What brings you joy and gives your life meaning?

Patient Information	
Name:	Age:
Caregiver Name:	Contact Info (Phone or Email):
<input type="checkbox"/> Patient <input type="checkbox"/> Other:	
CaLM Care Team	
Medical Oncologist:	
Radiation Oncologist:	
Surgeon:	
SWAT Team:	
Treatment Intent	
<input type="checkbox"/> To cure the cancer and relieve symptoms and side effects of treatment	
<input type="checkbox"/> To slow the growth/stabilize the cancer and relieve symptoms and side effects of treatment	
My Personal Goals for Treatment	
1.	
2.	
3.	
My Capability, Comfort & Calm	
Things I want to be able to do/keep doing:	
What brings me joy:	
Concerns/Fears:	
Diagnosis	
Cancer Type/Location/Histology Subtype:	Diagnosis Date:
Metastasis:	
Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Not applicable	
Received Genetic counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Genetic testing results:	
Genetic testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Molecular Testing:	
Treatment	
Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery Date(s) (year):
Surgical procedure/location/findings:	
Radiation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Body area treated:
End Date, if any (year):	
Systemic Therapy (chemotherapy, hormonal therapy, other): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Names of Agents Used:	End Dates, if any
<input type="checkbox"/> Other:	
Interested in Clinical Trials or Clinical Research: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interested in Donating Tissue: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Today's Date: _____

Primary Issues

Challenge(s):	Care Team Actions:	My Actions:
1.		
2.		
3.		
4.		
5.		

RESOURCES TO SUPPORT MY RESILIENCE

Treatment Information and Side Effects:

Medication Information and Side Effects:

Wellness:

Practical Support:

Emotional Support:

Social Support:

Spiritual Support:

Measuring Patient Reported Outcomes (PROs)



Patient Symptom Assessment

Rate how severe your symptoms have been in the last **24 hours**.

0 = symptom has not been present

10 = symptom has been as bad as you can possibly imagine

In the last 24 hours:

	0	1	2	3	4	5	6	7	8	9	10
1. Your pain at its worst?											
2. Your fatigue (tiredness) at its worst?											
3. Your nausea at its worst?											
4. Your disturbed sleep at its worst?											
5. Your feelings of being distressed (upset) at its worst?											
6. Your shortness of breath at its worst?											
7. Your problem with remembering things at its worst?											
8. Your problem with lack of appetite at its worst?											
9. Your feeling drowsy (sleepy) at its worst?											
10. Your having a dry mouth at its worst?											
11. Your feeling sad at its worst?											
12. Your vomiting at its worst?											
13. Your numbness or tingling at its worst?											

MD Anderson Symptom Inventory

For Provider use only:

Temp: _____

BP: _____

HR: _____

O2: _____

PRO Scores:

PHQ: _____

GAD: _____

“any report of the status of a patient’s health condition that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else.”

- Manage symptoms and side effects in real time.
- Assess effectiveness of treatments and interventions.
- Assess patient experience.
- Assess and address emotional, social, cultural, physical, financial, spiritual, and practical issues.
- Engage patients in their healthcare journey.

Being patient-centered fundamentally requires us to ask patients how they’re doing in all aspects of their lives.

Capability, Comfort, Calm

Capability: frequency or degree to which you can do the things that matter to you

Comfort: freedom from physical and emotional pain

Calm: ability to live your life as you pursue health care



Masters Degree in Health Care Transformation

- CaLM Model as first case study
- Joint degree between McCombs School of Business and Dell Med

Name of Tool	Domain	Sub Domain	Cadence
Generalized Anxiety Disorder Screen (GAD 2)	Comfort, Calm	Anxiety	First visit and every visit
Patient Health Questionnaire HQ 2/4	Comfort	Depression	First visit and every visit
Functional Assessment of Cancer Therapy (FACT-G)	Capability, Comfort	Quality of Life: physical, social, emotional and functional well-being	First visit; then every 3-6 months as needed
MD Anderson Symptom Inventory (MDASI)	Comfort, Capability	Physical Symptoms: Pain, fatigue, nausea, disturbed sleep, distress/feeling upset, shortness of breath, difficulty remembering, lack of appetite, drowsiness, dry mouth, sadness, vomiting, numbness/tingling	First visit and every visit
PC PTSC5	Comfort	Trauma, PTSD	First visit; every 3-6 months as needed
Financial Distress Screen	Capability, Calm	Financial toxicity and distress	Once within first 3 visits

Financial Distress Screen - Two Versions by Socioeconomic Status



Financial Support Questionnaire

Below is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Some-what	Quite a bit	Very much
I know that I have enough money in savings, retirement or assets to cover the costs of my treatment	0	1	2	3	4
My out of pocket medical expenses are more than I thought they would be	0	1	2	3	4
I worry about the financial problems I will have in the future as a result or my illness or treatment	0	1	2	3	4
I feel I have no choice about the amount of money I spend on care.....	0	1	2	3	4
I am frustrated that I cannot work or contribute as much as I usually do	0	1	2	3	4
I am satisfied with my current financial situation.....	0	1	2	3	4
I am able to meet my monthly expenses.....	0	1	2	3	4
I feel financially stressed.....	0	1	2	3	4
I am concerned about keeping my job and my income, including work at home.....	0	1	2	3	4
My cancer or treatment has reduced my satisfaction with my present financial situation.....	0	1	2	3	4
I feel in control of my financial situation.....	0	1	2	3	4



Financial Support Questionnaire

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	Not at all	A little bit	Some-what	Quite a bit	Very much
I am able to meet my monthly expenses.....	0	1	2	3	4
I feel financially stressed.....	0	1	2	3	4
I am concerned about keeping my job and my income, including work at home.....	0	1	2	3	4
Do you have challenges:					
Covering cost of food/groceries.....	0	1	2	3	4
Covering cost of basic monthly expenses for personal/home necessities ...	0	1	2	3	4
Covering cost of rent or monthly mortgage.....	0	1	2	3	4
Paying for monthly utilities.....	0	1	2	3	4
Paying for transportation/ car leases/car loans/car insurance.....	0	1	2	3	4
Paying for childcare.....	0	1	2	3	4
Paying for child support or alimony.....	0	1	2	3	4
Paying for over the counter medications or prescriptions.....	0	1	2	3	4
Paying for vision/dental insurance.....	0	1	2	3	4
Paying for co-pays for medical visits.....	0	1	2	3	4
Paying for health insurance premiums or deductibles.....	0	1	2	3	4
Paying for other out of pocket medical expenses.....	0	1	2	3	4

disintegrate
overload
delays
subjective
duplication
power
impinge
barriers
frustration
ego bias
negative attitude
status
conflict
assumptions
siloeffect
fragmentation

hierarchical

A word cloud on a black background. The words are arranged in a roughly triangular shape, pointing downwards. The words include: team, build, learning, clarity, responsibilities, communication, trust, strengths, reflection, expectations, holistic, understanding, roles, shared, open, well-oiled, machine. The word 'professional' is written vertically in the center of the cloud.

team build
learning
clarity responsibilities
communication
trust strengths reflection
expectations holistic
understanding roles
shared open
well-oiled machine

professional



Interprofessional Education Collaborative

Connecting health professions for better care



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Resources



[Core Competencies for Interprofessional Collaborative Practice: 2016 Update](#)

[MedEdPORTAL Interprofessional Education Collection](#)

High quality, peer-reviewed, competency-based learning modules for interprofessional health education.

CORE COMPETENCIES FOR
INTERPROFESSIONAL COLLABORATIVE PRACTICE:
2016 UPDATE

Building Capacity for an Interdisciplinary Team-Based Approach

IPE Core Competencies - Updated 2016

1. Work with other types of clinician experts to maintain a climate of mutual respect, understanding, and shared values.
2. Use knowledge of various roles to appropriately assess and address patient needs.
3. Communicate in a responsive and responsible manner that supports a team approach.
4. Apply relationship-building values and the principles of team dynamics to effectively plan, deliver, and evaluate care.

Multidisciplinary vs. Interdisciplinary

Digging In

- **Respect the unique** cultures, values, roles/responsibilities, and expertise of other experts on team.
- **Recognize limitations** in skills, knowledge, and abilities.
- **Recognize implicit bias.**
- **Explain** the roles and responsibilities of other providers and how the team works together to provide care.
- Communicate with team members to **clarify responsibility** in executing components of a treatment plan.
- **Use unique and complementary abilities** of all members of the team.
- Give timely, sensitive, **instructive feedback** to others about their performance on the team.

Best Practices (Tips and Tricks!)

Hiring for diversity purposely

- Teaching teams how to move through conflict and set team priorities together.
- It is healthy to have divergent beliefs and views.

Find shared values

- Team activities to assess values and build consensus.

Engage in continuous professional and interprofessional development to enhance team performance and collaboration

- Play the long game.
- Frame as ongoing initiative; NOT one-time workshop or retreat.

Relational, Empathic, Personalized Cancer Care

Closely coordinated approach

- Limited referrals outside of CaLM so everyone is in the know.
- Treatment alone does not equal care.

Change in clinical care culture

- Relationship-building and humanizing care.
- Addresses needs of mind, body, spirit for patients, loved ones.

Human connection with provider team

- Time.
- Consistent faces across visits builds trust.

Opportunities for Improvement

- Developing consistent, streamlined processes for clinical care coordination.
- Building out system and human infrastructure across UT Health Austin.
- Coordinating with other systems and stakeholders that:
 - Are not oncology-specific;
 - Have different priorities & standards (e.g., value of various roles); and
 - Do not share in our person-centered culture.

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